

Dane County Rezone & Conditional Use Permit

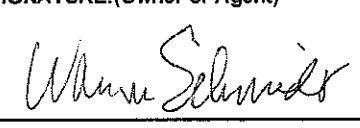
Application Date	Petition Number
06/12/2014	DCPREZ-2014-10734
Public Hearing Date	C.U.P. Number
08/26/2014	

OWNER INFORMATION		AGENT INFORMATION	
OWNER NAME WARREN M SCHMIDT	PHONE (with Area Code) (608) 835-3049	AGENT NAME <input type="checkbox"/>	PHONE (with Area Code)
BILLING ADDRESS (Number & Street) 4965 ROME CORNERS RD		ADDRESS (Number & Street) <input type="checkbox"/>	
(City, State, Zip) BROOKLYN, WI 53521		(City, State, Zip)	
E-MAIL ADDRESS ws.belegal@gmail.com		E-MAIL ADDRESS	

ADDRESS/LOCATION 1		ADDRESS/LOCATION 2		ADDRESS/LOCATION 3	
ADDRESS OR LOCATION OF REZONE/CUP		ADDRESS OR LOCATION OF REZONE/CUP		ADDRESS OR LOCATION OF REZONE/CUP	
adjust ownership boundary of parcel 0509-243-9070-7 to create 16 acre lot and parcel 0509-243-9000-1 to creat 20 acre lot				west of address 4965 Rome Corners Rd	
TOWNSHIP OREGON	SECTION 24	TOWNSHIP	SECTION	TOWNSHIP	SECTION 24
PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED	
0509-243-9070-7				0509-243-9070-7	

REASON FOR REZONE	CUP DESCRIPTION
SEPARATING EXISTING RESIDENCE FROM FARMLAND	

FROM DISTRICT:	TO DISTRICT:	ACRES	DANE COUNTY CODE OF ORDINANCE SECTION	ACRES
A-1Ex Exclusive Ag District	A-2 Agriculture District			

C.S.M REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials <u>WMS</u>	PLAT REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials <u>WMS</u>	DEED RESTRICTION REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials <u>WMS</u>	INSPECTOR'S INITIALS SJW3	SIGNATURE:(Owner or Agent) 
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COMMENTS: ADJUST OWNERSHIP BOUNDARY OF PARCEL 0509-243-9070-7 TO CREATE 16 ACRE LOT AND PARCEL 0509-243-9000-1 TO CREAT 20 ACRE LOT

PRINT NAME:
Warren M. Schmidt

DATE:
June 12, 2014



THIS FORM + \$422 FEE LEFT @ ZONING DEPT. FOR DAN EVERSON

Application ID#: _____
Process Date: _____
OFFICE USE ONLY

Dane County Planning & Development

Division of Zoning

Land Division Application

In order for applications to be processed, all information, survey drawings, application signatures and fees required must be submitted at time of application. Please check the appropriate box below for the type of application being submitted:

- Preliminary Certified Survey Map
- Certified Survey Map
- Subdivision Preliminary Plat*
- Subdivision Final Plat

*As per DCCO Ch. 75 - Prior to filing an application for approval of a preliminary plat, the subdivider shall consult with staff of the committee for advice, assistance and for the purpose of reviewing the procedures and requirements of Chapter 75 and other ordinances, plans or data which may affect the proposed development.

Property Owner Information		Surveyor Information	
Name	WARREN & PEG SCHMIDT	THOM GREENLIE	
Address	4965 ROME CORNERS RD BROOKLYN, WI	400 S. NINE MOUND VIBRONA, WI 53599	
Phone Number	635-3049	645-6882	
E-Mail Address	ws.belegal@gmail.com	HCOMBS@TDS.NET	

Property/Location Information (accessdane.co.dane.wi.us)			
Township	OREGON	Section	24 1/4 SW 1/4 SW
Acreage	36		
Parcel Number(s)	05092439070.7 0509243900.1 05092439650.5		
Current Zoning	A-1 EX	Proposed Zoning	OWNER CHOICE A-2
CSM	N	Lot	Subdivision
		Block/Lot	

- Is proposed land division associated with a rezone petition?
Yes No ETZ If Yes, Petition # _____
- Does the property abut or adjoin a County or State Trunk Highway?
Yes No If Yes, Highway Name: _____
- Will public sewer serve the land division? Yes No
- Does the subdivision have significant features like shoreland, wetland and/or floodplain? Yes No
If Yes, describe features : _____

Print Name:	Warren M. Schmidt	Date:	05/13/2014
Signature:			



THOM R. GRENLIE REGISTERED LAND SURVEYOR S1051
 400 S NINE MOUND RD, VERONA, WISCONSIN 53593 PHONE: (608) 845-6882

SURVEYOR'S CERTIFICATE
 State of Wisconsin)
 County of Dane) SS.

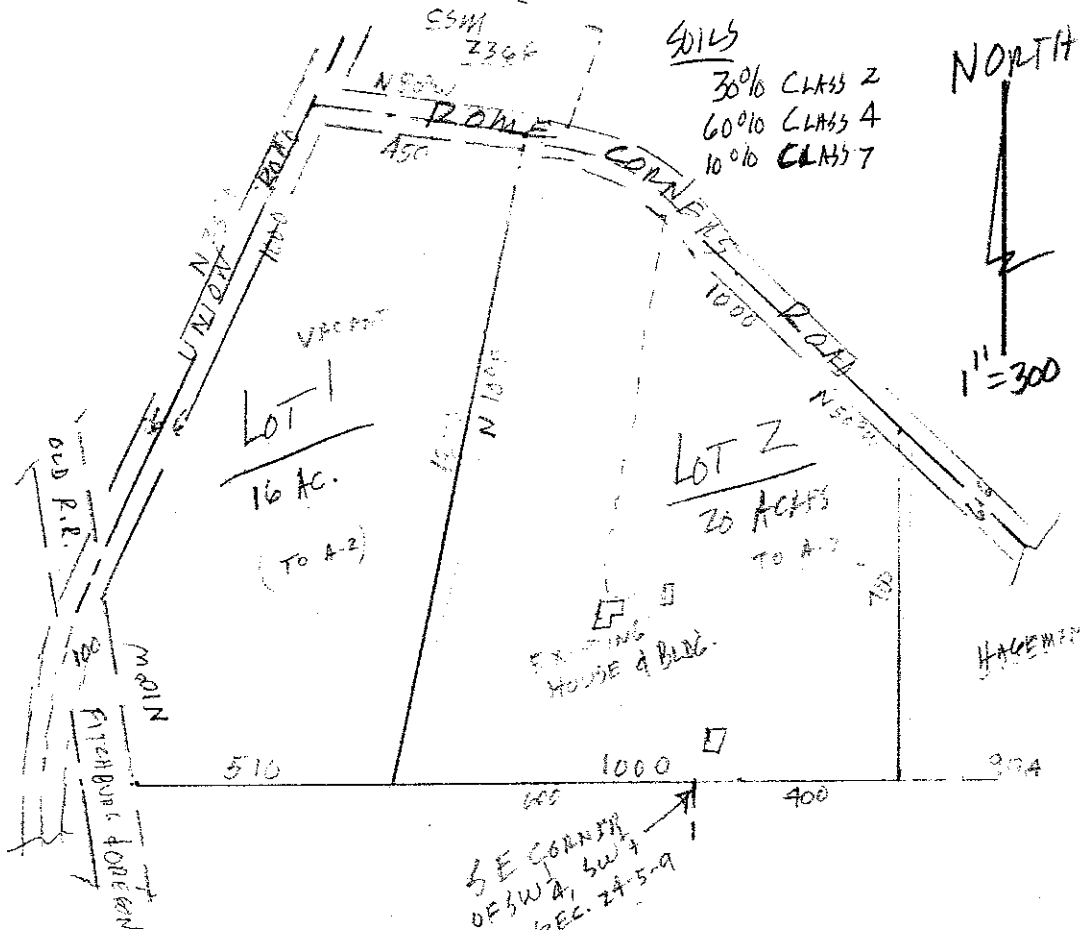
CERTIFIED SURVEY MAP

PRELIMINARY

WILL BE

I, Thom R. Grenlie, hereby certify that this survey ~~is~~ *will be* in compliance with Chapter 236.34 of Wisconsin Statutes. I also certify that I have ~~surveyed and~~ mapped the lands described hereon and that the map is a correct representation of all exterior boundaries of the land surveyed and the division of that land with the information provided.

Thom R. Grenlie
 Thom R. Grenlie, Registered Land Surveyor



REZONING DESCRIPTIONS: FROM A-1EX TO A-2 OR RH-4 DED: YES
 LOT 1: PRT WEST 1/2 OF THE SW1/4 OF SEC. 24, T5N, R9E, TOWN OF OREGON, DANE CO, WI DESCRIBED THUSLY: BEGINNING 600' WEST OF THE SE CORNER OF THE SW1/4, SW1/4; THENCE N10°E 1320' TO ROME CORNERS ROAD; THENCE N80°W 450' TO UNION ROAD; THENCE SOUTHERLY ALONG ROAD 1000'; THENCE S10°E 450'; THENCE EAST 510' TO P.O.B.
 LOT 2: FROM A-1EX TO A-2 OR RH-4; BEGINNING AT THE SOUTHEAST CORNER OF THE SW1/4 OF THE SW1/4; THENCE WEST 600'; THENCE N10°E 1320'; THENCE SOUTHEASTERLY ALONG ROAD 1000'; THENCE SOUTH 700'; THENCE WEST 400' TO P.O.B.

LEGEND
 Scale: 1 inch = *300* ft.
 ● iron stake found
 ○ 1"x24" iron pipe set min. wt.=1.13#/ln ft.
 SURVEYED: *NOT*
 DRAWN: *ETB*
 APPROVED: _____
 FIELD BOOK _____
 DATE: *6-4-14*
 TAPE/FILE _____

SURVEYED FOR: WARREN SCHMIDT 835-3049
 4965 ROME CORNERS RD, BROOKLYN, WI 53521
 DESCRIPTION-LOCATION: PRT SW1/4 OF SEC. 24, T5N, R9E TOWN OF OREGON, DANE CO, WI
 APPROVED FOR RECORDING PER _____ DANE CO. ZONING & LAND REG. COMM. _____ action of _____
 REGISTER OF DEEDS CERTIFICATE DAN EVERSON
 Received for recording this _____ day of _____, _____ at _____ o'clock _____ m. and recorded in Volume _____ of Certified Survey Maps of Dane County on Page _____

OFFICE MAP NO. _____

DOCUMENT # _____
 REGISTERED SURVEY MAP # _____ Vol. _____ Page _____