

Dane County Rezone & Conditional Use Permit

Application Date	Petition Number
12/20/2016	DCPREZ-2016-11093
Public Hearing Date	C.U.P. Number
02/28/2017	

OWNER INFORMATION		AGENT INFORMATION	
OWNER NAME AFFELDT FAMILY TR	PHONE (with Area Code) (608) 338-8376	AGENT NAME RICHARD W PRETZEL	PHONE (with Area Code) (608) 338-8376
BILLING ADDRESS (Number & Street) 402 PERIMETER RD		ADDRESS (Number & Street) 402 PERIMETER RD	
(City, State, Zip) MT HOREB, WI 53572		(City, State, Zip) MOUNT HOREB, WI 53572	
E-MAIL ADDRESS		E-MAIL ADDRESS rcpretzel@mhtc.net	

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	
Northwest of 1174 PRIMROSE CENTER RD					
TOWNSHIP PRIMROSE	SECTION 9	TOWNSHIP	SECTION	TOWNSHIP	SECTION
PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED	
0507-094-8000-8					

REASON FOR REZONE			CUP DESCRIPTION	
CREATING ONE RESIDENTIAL LOT				
FROM DISTRICT:	TO DISTRICT:	ACRES	DANE COUNTY CODE OF ORDINANCE SECTION	ACRES
A-1Ex Exclusive Ag District	A-2 Agriculture District	16		

C.S.M REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials: <u>RWP</u>	PLAT REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials: <u>RWP</u>	DEED RESTRICTION REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials: <u>RWP</u>	INSPECTOR'S INITIALS SSA1	SIGNATURE:(Owner or Agent) 
				PRINT NAME: Richard W Pretzel
				DATE: 12-20-2016



DANE COUNTY
PLANNING & DEVELOPMENT

Zoning Division
Room 116, City-County Building
210 Martin Luther King Jr. Blvd.
Madison, Wisconsin 53703-3342
Phone: (608) 266-4266
Fax: (608) 267-1540

Zoning Change Application

Items that must be submitted with your application:

- o Written Legal Description of the proposed Zoning Boundaries
Legal description of the land that is proposed to be changed. The description may be a lot in a plat, Certified Survey Map, or an exact metes and bounds description. A separate legal description is required for each zoning district proposed. The description shall include the area in acres or square feet.
- o Scaled Drawing of the location of the proposed Zoning Boundaries
The drawing shall include the existing and proposed zoning boundaries of the property. All existing buildings shall be shown on the drawing. The drawing shall include the area in acres or square feet.

Owner's Name AFFELDT Family Trust Agent's Name Richard W Pretzel
 Address 402 Perimeter Rd, Mt. Horeb Address 402 Perimeter Rd.
 Phone 608-338-8376 Phone Mount Horeb, WI 53572
 Email _____ Email RCPretzel@MHTC.NET

Town: Primrose Parcel numbers affected: 0507-094-8000-8
 Section: 01, 9 Property address or location: North West of 1174 Primrose Center Rd
 Zoning District change: (To / From / # of acres) A2 - FROM A1EX 16 ACRES

Soil classifications of area (percentages) Class I soils: _____% Class II soils: 20% Other: 80%

Narrative: (reason for change, intended land use, size of farm, time schedule)
 Separation of buildings from farmland
 Creation of a residential lot
 Compliance for existing structures and/or land uses
 Other: For sale of Building LOT

I authorize that I am the owner or have permission to act on behalf of the owner of the property.
 Submitted By: _____ Date: _____



Zone A

Zone A

Zone X

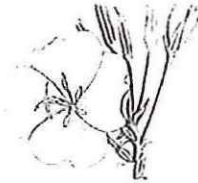
1174

1143

Primrose Center Rd

Dale Judd - Chairman
Martha Gibson - Supervisor
Alex Elkins - Supervisor
Ruth Hansen - Clerk
Kristina Gorman - Treasurer

Town of Primrose
8468 County Highway A
Verona, WI 53593
608-832-8056



Board Approval for Building Permit

Applicant: Richard Pretzel

Project Address: Primrose Center Road, North of A

Project: Rezone of parcel for sale and future
development

Project sketch attached to this document Yes No

*Minutes of 12/5/16
will be sent to*

Parcel Number: 0507-094-8000-8

Building site approval based on site visit on this day, 3rd of December 2016

*address
deed
restrictions
-Ruth
Hansen*

Site visit attended by Town Board members: Dale Judd, Alex
Elkin

Site visit attended by Planning Commission members: 10/24/16

Date of approval by Planning Commission: Oct 24th, October 17th

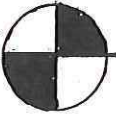
Date of approval by Town Board: December 5th, 2016

Ruth Hansen 12/5/16 Dale Judd 12/5/16
Town Clerk date Town Chairperson date

This form will be forwarded to the Town Building Inspector by the Clerk. You will also need to present a copy of this letter to Dane County Planning and Zoning when you apply for a Zoning Permit.

Town of Primrose Building Inspector: Todd Parkos
310 N Kenzie St
Barneveld, WI. 53507
608-516-1251
Todd.parkos@hotmail.com

PRELIMINARY



Thom R. Grenlie, LLC Professional Land Surveyor S1051

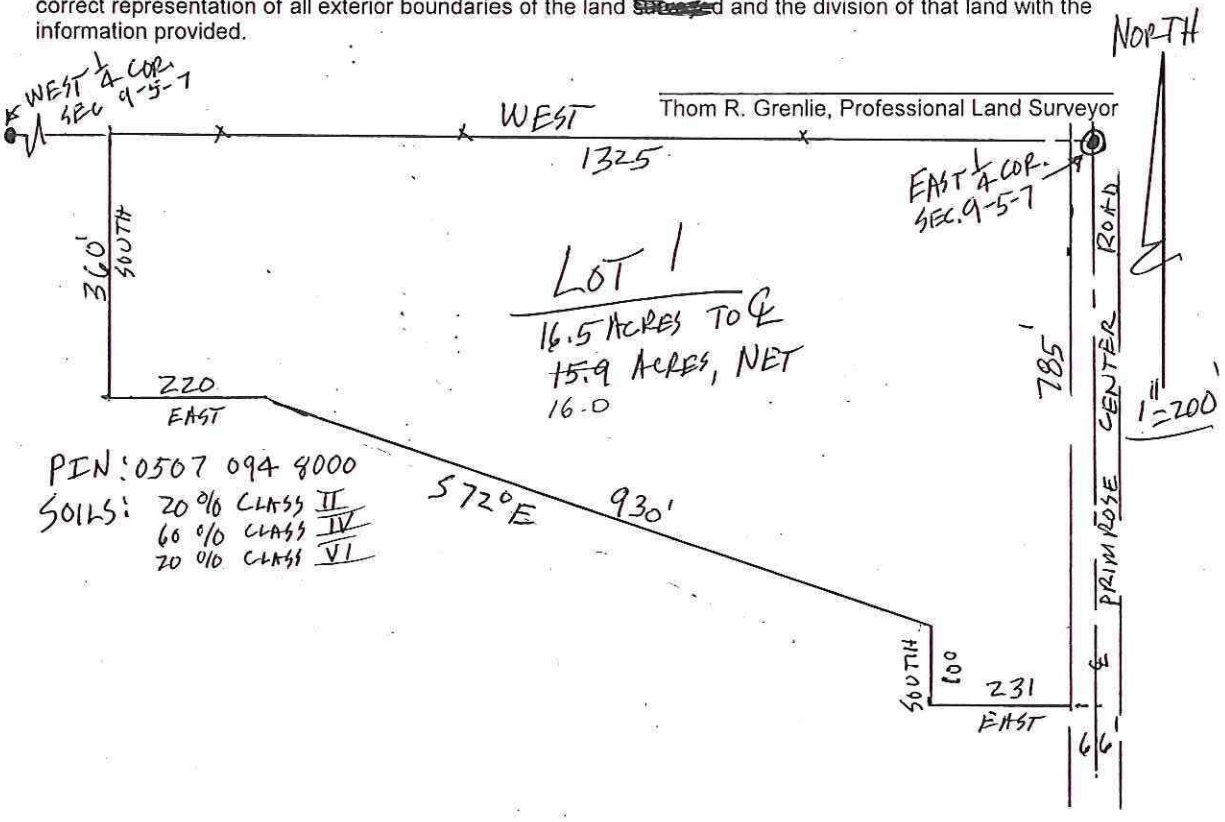
3940 Forshaug Rd, Black Earth, WI 53515 (608) 845 6882 trgrenlie@gmail.com

SURVEYOR'S CERTIFICATE

State of Wisconsin)
County of Dane)

CERTIFIED SURVEY MAP
IN NE 1/4, SE 1/4, SEC 9-5-7, TOWN OF PRIMROSE
DANE CO, WI

I, Thom R. Grenlie, hereby certify that this survey is 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.



PIN: 0507 094 8000
SOILS: 20% CLASS II
60% CLASS IV
20% CLASS VI

LEGEND
Scale: 1 inch = 200 ft.
● iron stake found
○ 1"x24" iron pipe set
min. wt. = 1.13#/ln ft.

SURVEYED NOT
DRAWN ETE
APPROVED -
FIELD BOOK -
DATE 12-13-16
TAPE/FILE -

SURVEYED FOR: AFFELDT FAMILY TRUST 338-8376
410 RICHARD PRETZEL, 402 PERIMETER RD, MT HOPE, WI 53572
DESCRIPTION-LOCATION: PRT NE 1/4, SE 1/4 SECTION 9,
T5N, R7E, TOWN OF PRIMROSE, DANE CO, WI

APPROVED FOR RECORDING PER DANE CO. ZONING & LAND
REG. COMM. action of _____

REGISTER OF DEEDS CERTIFICATE DANIEL EVERSON
Received for recording this _____ day of _____
at _____ o'clock _____ m.
and recorded in Volume _____ of Certified Survey
Maps of Dane County on Page _____

Register of Deeds
DOCUMENT # _____
CERTIFIED SURVEY MAP # _____ Vol. _____ Page _____

OFFICE MAP NO. _____