

Dane County Rezone & Conditional Use Permit

Application Date	Petition Number
06/18/2020	DCPREZ-2020-11576
Public Hearing Date	C.U.P. Number
08/25/2020	

OWNER INFORMATION	AGENT INFORMATION
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OWNER NAME RON H AND CATHERINE HASSLINGER	PHONE (with Area Code) (608) 206-1435	AGENT NAME <input type="checkbox"/>	PHONE (with Area Code)
BILLING ADDRESS (Number & Street) 2525 TOWER DR		ADDRESS (Number & Street) <input type="checkbox"/>	
(City, State, Zip) MCFARLAND, WI 53558		(City, State, Zip)	
E-MAIL ADDRESS blueskycathy@yahoo.com		E-MAIL ADDRESS	

ADDRESS/LOCATION 1	ADDRESS/LOCATION 2	ADDRESS/LOCATION 3
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ADDRESS OR LOCATION OF REZONE/CUP		ADDRESS OR LOCATION OF REZONE/CUP		ADDRESS OR LOCATION OF REZONE/CUP	
2525 TOWER ROAD		2525 TOWER ROAD			
TOWNSHIP DUNN	SECTION 17	TOWNSHIP	SECTION 17	TOWNSHIP	SECTION
PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED	
0610-171-9911-0		0610-171-9501-7			

REASON FOR REZONE	CUP DESCRIPTION
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SHIFTING OF PROPERTY LINES BETWEEN ADJACENT LAND OWNERS	
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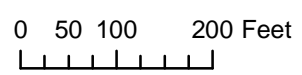
FROM DISTRICT:	TO DISTRICT:	ACRES	DANE COUNTY CODE OF ORDINANCE SECTION	ACRES
SFR-08 Single Family Residential District	RR-2 Rural Residential District	.47		
RR-16 Rural Residential District	RR-2 Rural Residential District	1.53		

C.S.M REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials _____	PLAT REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials _____	DEED RESTRICTION REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials _____	INSPECTOR'S INITIALS SSA1	SIGNATURE:(Owner or Agent) PRINT NAME: DATE:
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Legend

- | | |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
|  Wetland | Significant Soils |
|  Floodplain |  Class 1 |
| |  Class 2 |



Petition 11576
 RON H AND CATHERINE
 HASSLINGER



Dane County
Department of Planning and Development
 Zoning Division
 Room 116, City-County Building
 210 Martin Luther King Jr. Blvd.
 Madison, Wisconsin 53703
 (608) 266-4266

Application Fees	
General:	\$395
Farmland Preservation:	\$495
Commercial:	\$545
<ul style="list-style-type: none"> • PERMIT FEES DOUBLE FOR VIOLATIONS. • ADDITIONAL FEES MAY APPLY. CONTACT DANE COUNTY ZONING AT 608-266-4266 FOR MORE INFORMATION. 	

REZONE APPLICATION

APPLICANT INFORMATION

Property Owner Name:	Ron and Catherine Hasslinger	Agent Name:	
Address (Number & Street):	2525 Tower Rd	Address (Number & Street):	
Address (City, State, Zip):	McFarland, WI 53558	Address (City, State, Zip):	
Email Address:	blueskycathy@yahoo.com	Email Address:	
Phone#:	608-206-1435	Phone#:	

PROPERTY INFORMATION

Township:	Dunn	Parcel Number(s):	028 / 0610-171-9911-0 and 028 / 0610-171-9501-7
Section:	17	Property Address or Location:	2525 Tower Rd, McFarland WI 53558

REZONE DESCRIPTION

Reason for the request. In the space below, please provide a brief but detailed explanation of the rezoning request. Include both current and proposed land uses, number of parcels or lots to be created, and any other relevant information. For more significant development proposals, attach additional pages as needed.

Is this application being submitted to correct a violation?
 Yes No

We would like to purchase 1.53 acres from our neighbor (listed as additional property owners) by lot line adjustment to increase the size of our lot from .47 acres to 2.0 acres. We would like to rezone our property from SFR-08 to RR-2 and record a CSM. No new lots would be created. Current use for the .47 acre SFR-08 area is residential. Current use of the 1.53 acre area of RR-16 to be purchased is residential and small scale agriculture. Future uses of the 2 acre parcel after the lot line adjustment include residential, small scale agricultural uses, and building a new approximately 30x40 shed near our house. Use of the shed will be personal storage.

Existing Zoning District(s)	Proposed Zoning District(s)	Acres
SFR-08	RR-2	.47
RR-16	RR-2	1.53

Applications will not be accepted until the applicant has contacted the town and consulted with department staff to determine that all necessary information has been provided. Only complete applications will be accepted. All information from the checklist below must be included. Note that additional application submittal requirements apply for commercial development proposals, or as may be required by the Zoning Administrator.

<input checked="" type="checkbox"/> Scaled drawing of proposed property boundaries	<input checked="" type="checkbox"/> Legal description of zoning boundaries	<input type="checkbox"/> Information for commercial development (if applicable)	<input checked="" type="checkbox"/> Pre-application consultation with town and department staff	<input checked="" type="checkbox"/> Application fee (non-refundable), payable to the Dane County Treasurer
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I certify by my signature that all information provided with this application is true and correct to the best of my knowledge and understand that submittal of false or incorrect information may be grounds for denial. Permission is hereby granted for Department staff to access the property if necessary to collect information as part of the review of this application. Any agent signing below verifies that he/she has the consent of the owner to file the application.

Owner/Agent Signature *C Hasslinger*

Date 6/16/20

DCPZP-2019-00098
REPAIR FOUNDATION AND LOWER WALLS OF AGRICULTURAL BUILDING

FP-35
DCPREZ-2019-00026

Not Effective
RH-4 DCPREZ-0000-04575
CUP
762
Governmental uses

Not Effective
RR-8 DCPREZ-2019-00026
RR-16
DCPREZ-2020-11539

2525
SFR-08
DCPREZ-2019-00026

FP-35
DCPREZ-2019-00026

FP-35
DCPREZ-2019-00026

4240

Mahoney Rd

Tower Rd

Not Effective
A-1(EX) DCPREZ-0000-00000
SFR-08
DCPREZ-2019-00026

4251

4245

4243

2504

SFR-08
DCPREZ-2019-00026

2503