

Dane County Rezone Petition

Application Date	Petition Number
04/26/2022	DCPREZ-2022-11853
Public Hearing Date	
07/26/2022	

OWNER INFORMATION	AGENT INFORMATION
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OWNER NAME KEVIN W HAHN	PHONE (with Area Code) (608) 333-5607	AGENT NAME BIRRENKOTT SURVEYING	PHONE (with Area Code) (608) 837-7463
BILLING ADDRESS (Number & Street) 439 CENTER RD		ADDRESS (Number & Street) PO BOX 237	
(City, State, Zip) OREGON, WI 53575		(City, State, Zip) Sun Prairie, WI 53590	
E-MAIL ADDRESS nelsonexcavatingandson@gmail.com		E-MAIL ADDRESS ccasson@birrenkottsurveying.com	

ADDRESS/LOCATION 1	ADDRESS/LOCATION 2	ADDRESS/LOCATION 3
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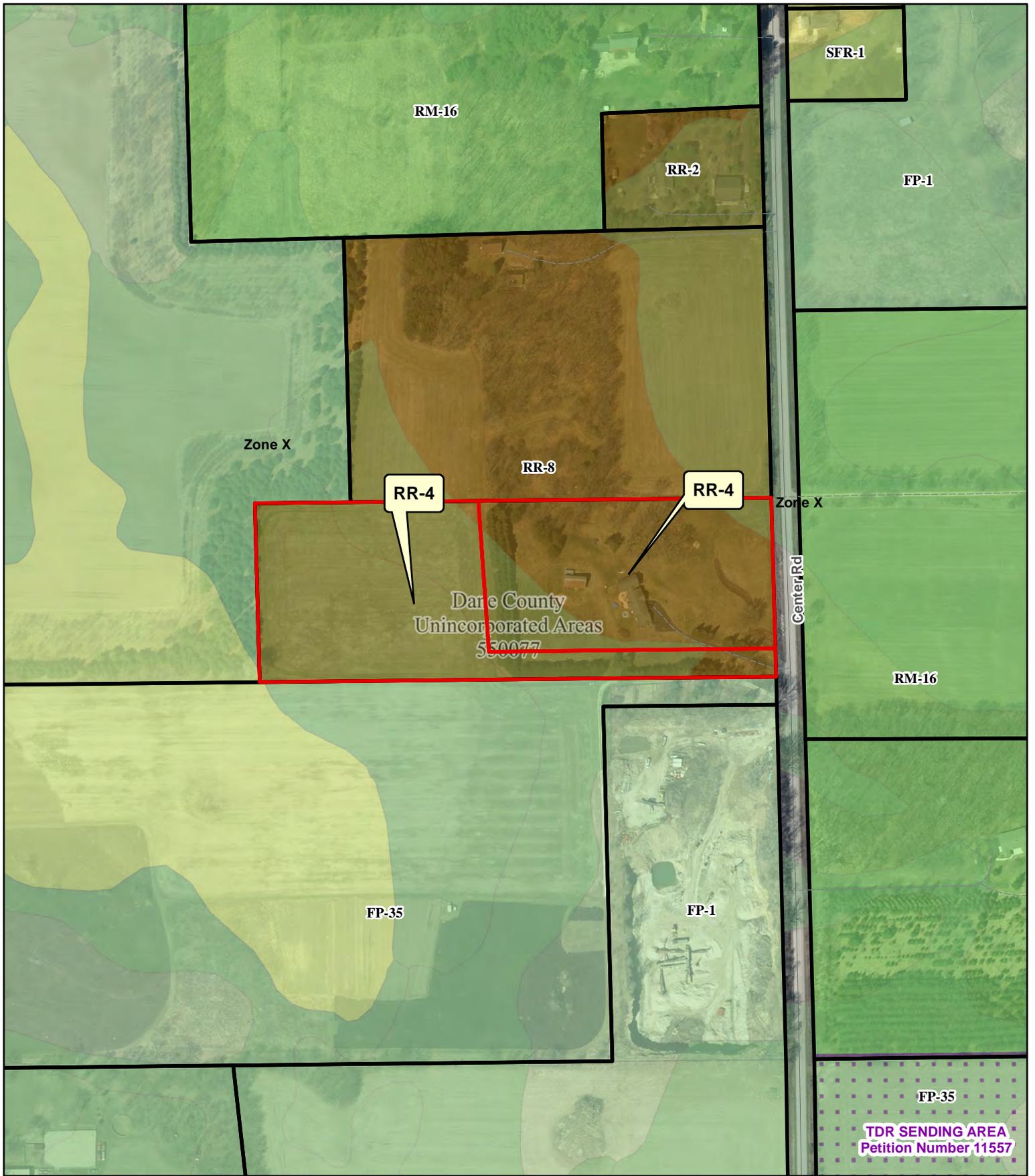
ADDRESS OR LOCATION OF REZONE		ADDRESS OR LOCATION OF REZONE		ADDRESS OR LOCATION OF REZONE	
439 Center Road					
TOWNSHIP RUTLAND	SECTION 28	TOWNSHIP	SECTION	TOWNSHIP	SECTION
PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED	
0510-281-9500-7					

REASON FOR REZONE

CREATING ONE RESIDENTIAL LOT

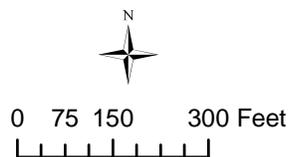
FROM DISTRICT:	TO DISTRICT:	ACRES
RR-8 Rural Residential District	RR-4 Rural Residential District	12

C.S.M REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials _____	PLAT REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials _____	DEED RESTRICTION REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials _____	INSPECTOR'S INITIALS RWL1	SIGNATURE:(Owner or Agent) PRINT NAME: DATE:
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Legend

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



Petition 11853
KEVIN W HAHN



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:	Kevin HAHN	Agent Name:	CHRIS CASSON
Address (Number & Street):	439 Center ROAD	Address (Number & Street):	PO Box 237
Address (City, State, Zip):	OREGON, WI 53575	Address (City, State, Zip):	SUN PRAIRIE, WI 53590
Email Address:	nelsonexcavatingandson@gmail.com	Email Address:	ccasson@birrenkottsurveying.com
Phone#:	608-333-5607	Phone#:	608-837-7463

PROPERTY INFORMATION	
Township:	RUTLAND
Parcel Number(s):	0510 - 281 - 9500-7
Section:	28
Property Address or Location:	439 Center ROAD, Oregon, WI 53575

REZONE DESCRIPTION	
<p>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.</p>	<p>Is this application being submitted to correct a violation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

Create 2-Lot Csm. Create Another Lot for Residential Parcel

Existing Zoning District(s)	Proposed Zoning District(s)	Acres
RR-8	RR-4	12.0 ACRES

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 checked="" type="checkbox"/> Information for commercial development (if applicable)	<input 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 Kevin Hahn

Date 4-21-22

