

TOWN OF OREGON

raswitzky@gmail.com

APPLICATION FOR LAND USE CHANGE

Submittal Fee: \$100.00 each submittal plus \$20.00 per additional petition.*

1. NAMES — Owner

Name ROBERT SWITZKY
Street 1608 W SOUTH ST.
City, State, Zip STOUTHTON, WI 53589
Phone: Days _____ Cell 608 770-6906

Applicant (if other than Owner)

Name _____
Street _____
City, State, Zip _____
Phone: Days _____ Cell _____

Public Hearing:

Tuesday, November 21st @ 6:30pm

Town Board

Tuesday, December 5th @ 6:30pm

2. PROPERTY LOCATION

Section: 22 Property size: 8.67 A Property zoning: RH-3 Parcel No(s): 0509-223-8080-0
Property Address: 5459 COUNTY HWY A

3. REQUEST: Applicant must review town ordinance requirements for submittal. Applicant is also responsible for filing necessary paperwork with the County.

Nonresidential Site Plan Review (Ordinance 10.1.9)

1. Required for any construction, expansion or conversion of structures other than single family residences, agricultural structures or agricultural accessory buildings.
2. Submit 13 sets of site plans.
3. Submit the Site Plan Review Application.
4. Site Plan Review for _____

Land Division or Certified Survey Map (CSM) (Ordinance 10.10.4)

1. Required for any land division that creates 2, but not more than 4 lots.
2. Has a Density Study Report by Dane County been completed?
3. Submit 12 copies Proposed & Final Certified Survey Map (CSM).
4. Submit the Town of Oregon Land Division Application.
5. Submit a copy of the completed Dane County Land Division Application.
6. If applicable, may require approval from the Village of Oregon.
7. Reason for land division _____

Plat or Subdivision (Ordinance 10.10.4)

1. Required for any land division that creates 5 or more lots or a subdivision.
2. Has a Density Study Report by Dane County been completed?
3. Submit 12 copies of Preliminary & Final Plat.
4. Submit the Town of Oregon Land Division Application.
5. Submit a copy of the completed Dane County Land Division Application
6. If applicable, may require approval from the Village of Oregon.
7. Reason for plat or subdivision _____

Zoning Amendment

1. Required for any change in zoning district.
2. Zoning change from RH-3 District to A-2(B) District for 8.67 acres
3. Submit a copy of the completed Dane County Zoning Change Application.
4. Reason for change _____

Conditional Use Permit (CUP)

1. Required for any change in the use of property that requires a conditional use in the zoning district.
2. Submit a written statement of the intended use of the property.
3. Submit a copy of the completed Dane County Application for a Conditional Use Permit (CUP).
4. Conditional Use Permit for sanitary fixtures in agricultural - no commercial

Variance

1. Required for any request for variance from the County Zoning Code.
2. Submit a copy of the completed Dane County Variance Application
3. The Applicant will receive a letter from the Town acknowledging that they informed the Town of their intent to apply for a Variance. *Required by Dane County.
4. Variance for _____

4. SIGNATURE

[Signature] 10.19.17
Owner (signature is mandatory) Date Applicant (if other than Owner) Date

*** Pre-Application Consultation with Plan Commission is recommended before submitting any application or payment of fees. There is no charge for consultation.**


Dane County Rezone & Conditional Use Permit

| | |
|----------------------------|------------------------|
| Application Date | Petition Number |
| 10/19/2017 | DCPREZ-2017-11228 |
| Public Hearing Date | C.U.P. Number |
| 12/11/2017 | |

| OWNER INFORMATION | | AGENT INFORMATION | |
|--|--|---------------------------|------------------------|
| OWNER NAME ROBERT A SWITZKY | PHONE (with Area Code) (608) 770-6906 | AGENT NAME | PHONE (with Area Code) |
| BILLING ADDRESS (Number & Street) 2191 SUGAR RIVER RD | | ADDRESS (Number & Street) | |
| (City, State, Zip) VERONA, WI 53593 | | (City, State, Zip) | |
| E-MAIL ADDRESS RASWITZKY@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 | |
| 5459 COUNTY HWY A | | | | | |
| TOWNSHIP OREGON | SECTION 22 | TOWNSHIP | SECTION | TOWNSHIP | SECTION |
| PARCEL NUMBERS INVOLVED | | PARCEL NUMBERS INVOLVED | | PARCEL NUMBERS INVOLVED | |
| 0509-223-8080-0 | | | | | |

| REASON FOR REZONE | | | CUP DESCRIPTION | |
|---|------------------------------|-------|---------------------------------------|-------|
| REZONE AND CUP FOR SANITARY FIXTURES IN AGRICULTURAL ACCESSORY BUILDING | | | | |
| FROM DISTRICT: | TO DISTRICT: | ACRES | DANE COUNTY CODE OF ORDINANCE SECTION | ACRES |
| RH-3 Rural Homes District | A-2 (8) Agriculture District | 8.670 | | |

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|---|--|--|---|---|
| C.S.M REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials <u>RS</u> | PLAT REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials <u>RS</u> | DEED RESTRICTION REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicant Initials <u>RS</u> | INSPECTOR'S INITIALS SLJ3 | SIGNATURE: (Owner or Agent)  |
| PRINT NAME: ROBERT A. SWITZKY | | | | |
| DATE: 10.19.17 | | | | |