

TOWN OF BRISTOL
7747 County Road N, Sun Prairie WI 53590
April 6, 2023, at 6:00 p.m.

Special Jt. Plan Commission and Town Board Meeting

The Bristol Town Board and Planning Commission will hold a Special Meeting on Thursday, April 6, 2023, at 6:00 pm., located at the Bristol Town Hall, 7747 County Road N, Sun Prairie WI 53590.

AGENDA

- I. Order of Business
 - a. Call to Order
 - b. Pledge of Allegiance
- II. Public Comment – Items Not On The Agenda
- III. Business
 - a. Discuss/Consider Approval of Liquor License for Prairie Athletic Golf Course D.B.A. Prairie Pines for April 8, 2023 – June 30, 2023
 - b. Discuss/Consider Approval of Rezone/CSM on 3047 Scotland Parkway to combine parcels 0911-301-1008-2 & 0911-301-6274-3 and change the two zonings from A-1 to SFR
 - c. Informational / Scheduling Future Meetings for updating the Town's Comprehensive Plan with Capital Area Regional Planning Commission (CARPC)
- IV. Adjourn

Notice is hereby given that it is possible that a majority of the Town Board or other governmental body may be present at the above meeting of the Town Board to gather information about a subject over which they have ultimate decision-making responsibility. If such a majority is present, it will constitute a meeting of the Town Board or other governmental body under Wisconsin's Open Meeting Laws and is hereby being noticed as such, although only the Town Board will take formal action at the above meeting. Any person who has a qualifying disability as defined by the American with Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact the clerk at 608-837-6494, 7747 County Road N, Sun Prairie, WI 53590, at least 24 hours prior to the meeting so the necessary arrangements can be made to accommodate each request.

Kim Grob, Town Clerk-Treasurer

Certified Posting: 4-4-2023 Town Hall and website.

TOWN OF BRISTOL
Cover Sheet for Agenda Packet Section

III. Business

a.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

4/1/2023

For the license period beginning: 03/17/2023 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☒ Town of ☐ Village of ☐ City of } BRISTOL

County of DANE Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1031272547-02</u>	
FEIN Number 92-2704293	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

PRAIRIE ATHLETIC GOLF COURSE, INC.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SIMON	JENNIFER	T	2958 LATIGO TRACE SUN PRAIRIE 53590
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SIMON	PETER	J	2958 LATIGO TRACE SUN PRAIRIE 53590
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SIMON	JENNIFER	T	2958 LATIGO TRACE SUN PRAIRIE 53590
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
THOMPSON	DAN	B	3093 PARKER PASS SUN PRAIRIE 53590
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SIMON	PETER	J	2958 LATIGO TRACE SUN PRAIRIE 53590
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SIMON	PETER		2958 LATIGO TRACE SUN PRAIRIE 53590

1. Trade Name SUN PRAIRIE GOLF COURSE D.B.A Business Phone Number 608-837-6211

2. Address of Premises 3039 HAPPY VALLEY ROAD Post Office & Zip Code SUN PRAIRIE 53590

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

LIQUOR SOLD IN BAR AND RESTAURANT AREA IN CLUB HOUSE, PRO SHOP BUILDING

AND ON TWO (2) BEVERAGE CARTS

LIQUOR STORED IN SECURED BASEMENT STORAGE AREA.

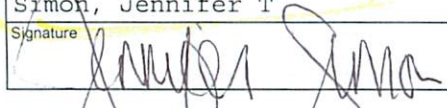
4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

(b) If yes, under what name was license issued? SUN PRAIRIE GOLF COURSE INC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 03/06/23 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☒ Yes ☐ No
PRAIRIE ATHLETIC CLUB
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☒ Yes ☐ No
PRAIRIE ATHLETIC CLUB
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Simon, Jennifer T</u>	Title/Member <u>President</u>	Date <u>3/14/23</u>
Signature 	Phone Number <u>608-469-5601</u>	Email Address <u>j.simon@prairieathle</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☒ Town ☐ Village ☐ City of BRISTOL County of DANE

The undersigned duly authorized officer/member/manager of PRAIRIE ATHLETIC GOLF COURSE, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

PRAIRIE PINES
(Trade Name)

located at 3039 HAPPY VALLEY ROAD SUN PRAIRIE WI 53590

appoints PETER J SIMON
(Name of Appointed Agent)

2958 LATIGO TRACE SUN PRAIRIE 53590
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

PRAIRIE ATHLETIC CLUB

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 53 YEARS

Place of residence last year 2958 LATIGO TRACE SUN PRAIRIE 53590

For: PRAIRIE ATHLETIC GOLF COURSE, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, PETER J SIMON, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

(Signature of Agent) _____ (Date)
2958 LATIGO TRACE SUN PRAIRIE 53590
(Home Address of Agent) Agent's age 53
Date of birth 08/26/1969

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SIMON		PETER		J	
Home Address (street/route)	Post Office	City	State	Zip Code	
2958 LATIGO TRACE		SUN PRAIRIE	WI	53590	
Home Phone Number	Age	Date of Birth	Place of Birth		
	53	08/26/1969	MADISON WI		

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ VICE PRESIDENT of PRAIRIE ATHLETIC GOLF COURSE, INC.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

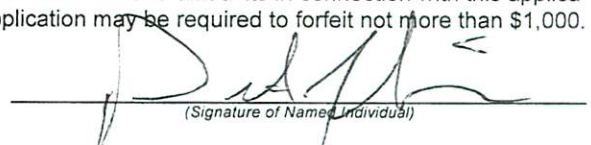
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 53 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
 If yes, identify. PRAIRIE ATHLETIC CLUB 1010 N BIRD STREET SUN PRAIRIE
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
PRAIRIE ATHLETIC CLU	1010 N BIRD ST SUN PRAIRIE	01/01/1999	Present
Employer's Name	Employer's Address	Employed From	To
COCA COLA	BLANCHARD CROSS DEFOREST	01/01/1994	12/31/1998

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
THOMPSON		DANIEL		B	
Home Address (street/route)		Post Office	City	State	Zip Code
3093 PARKER PASS			SUN PRAIRIE	WI	53590
Home Phone Number		Age	Date of Birth	Place of Birth	
		41	08/28/1981	MADISON WI	

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ **TREASURER** of **PRAIRIE ATHLETIC GOLF COURSE, INC.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.


The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 8 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
 If yes, identify. PRAIRIE ATHLETIC CLUB SUN PRAIRIE LIQUOR LICENSE
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
PRAIRIE ATHLETIC	1010 N BIRD ST SUN PRAIRIE	5/2015	Present
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1359367632

PRAIRIE ATHLETIC GOLF COURSE, INC
3039 HAPPY VALLEY ROAD
SUN PRAIRIE WI 53590

Wisconsin Department of Revenue Seller's Permit

Legal/real name:	PRAIRIE ATHLETIC GOLF COURSE, INC
Business name:	SUN PRAIRIE GOLF COURSE, PRAIRIE PINES 3039 HAPPY VALLEY RD SUN PRAIRIE WI 53590-0000

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031272547-02

TOWN OF BRISTOL

Cover Sheet for Agenda Packet Section

III. Business

b.

General Engineering Company
P.O. Box 340
916 Silver Lake Drive
Portage, WI 53901



608-742-2169 (Office)
608-742-2592 (Fax)
gec@generalengineering.net
www.generalengineering.net

Engineers • Consultants • Inspectors

ZONING ADMINISTRATOR REVIEW REPORT

TO: Town of Bristol Plan Commission, Town Board, Town Clerk/Treasurer
FROM: Kory D. Anderson, P.E., Town of Bristol Zoning Administrator
DATE: (for) April 10, 2023 Plan Commission/Town Board Meeting
SUBJECT: Zoning Change/ Preliminary CSM Review for Radlund
Tax Parcels 0911-301-1008-2 & 0911-301-6274-3
GEC NO.: 2-0123-41C

Background Information

Owner/Applicant: Corey Radlund
3047 Scotland Parkway
Sun Prairie, WI 53590

Agent/Surveyor Paulson & Associates – Land Surveying

Location: 3047 Scotland Parkway
Lot 68 Scottish Highlands 2nd Addition, Outlot 4 Scottish Highlands 1st Addition
In part of the NE ¼ of the NE ¼, SE ¼ of the NE ¼ of Section 30, all in T9N,
R11E, Town of Bristol, Dane County, WI.

Request: Zoning Change / Preliminary CSM Approval

Existing Zoning:

Tax Parcel 0911-301-1008-2	A-1 (Legacy)	0.4 Acres
Tax Parcel 0911-301-6274-3	A-1 (Legacy)	0.2 Acres
Total		0.93 Acres

Existing Land Use: The Subject property currently contains a single-family structure with a driveway to the east connecting to Scotland Parkway. There is a small shed along the western property line. There are no steep slopes, streams, floodplains, or wetlands associated with the lots.

Adjacent Land Uses: North: Residential
West: Golf Course
East: Scotland Parkway, Open Space
South: Residential

Proposal

Zoning Change:

Proposed Lot 1	SFR	0.93 Acres
Total		0.93 Acres

Applicant submitted information for a zoning change of Tax Parcels 0911-301-1008-2 and 0911-301-6274-3 from zoning A-1 Agriculture District (Legacy) to SFR Single Family Residential Zoning District. The intention of this zoning change and CSM is to combine the outlot with the house lot. A recorded CSM will follow the rezone to solidify the boundary of the rezoned areas.

Portage •

Black River Falls •

La Crosse



Consulting Engineering • Structural Engineering • Building Design • Environmental Services • Building Inspection • GIS Services
Grants & Funding Services • Land Surveying • Zoning Administration • Mechanical, Electrical, & Plumbing Services



Submittals/Attachments

1. Zoning Change Application, received March 9, 2023.
2. Jurisdictional Review Form, received March 9, 2023.
3. Preliminary CSM, received March 9, 2023.

GEC reviewed the attachments and the information submitted by the applicant/agent and has the following comments outlined below:

Comprehensive Plan

The planned future land use for this parcel is a Single Family Residential. I'll always defer to the Town on the history of a property meeting the density requirements and the Agricultural and Rural Lands Preservation Area policy in the Town's Comp Plan. There appears to be extraterritorial review authority by the City of Sun Prairie for this property.

Town Ordinances

1. General

No proposed construction is planned that we are aware of. So no land use permits, driveway permits, well and septic permits are needed.

2. Preliminary CSM

The provided preliminary CSM appears correct and meets the Town Land Division Ordinance. However, Scotland Parkway is misspelled on the CSM and the lot size should be checked. I confirmed with the Town Chairman that the outlot is no longer as it is labeled "Reserved for Future Public Road" on the proposed CSM.

Recommendation

GEC recommends that the Plan Commission conditionally approve the proposed zoning change of Tax Parcels Tax Parcels 0911-301-1008-2 and 0911-301-6274-3 (combined to become Proposed Lot 1 of the CSM) from zoning A-1 Agriculture District (Legacy) to SFR Single Family Residential Zoning District, contingent on the following:

1. Town Board discuss any concerns with above comments.
2. Any comments or conditions from the Town's Attorney shall be addressed.
3. The applicant shall provide a copy of the recorded certified survey map to the Clerk within ten (10) days after the certified survey map is recorded.

ZONING CHANGE APPLICATION

TOWN OF BRISTOL • 7747 COUNTY ROAD N • SUN PRAIRIE, WI 53590
PHONE (608) 837-6494 • FAX (608) 834-6494 • www.tn.bristol.wi.gov

PERMIT #:

Permit Fee: \$ _____ Fee Paid: ☐

Approved By: _____

Approval Date: / /

Items that must be submitted with your application:

➤ **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.

➤ **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	AGENT (Contractor, Coordinator, Other)
NAME Corey Radlund	CONTACT NAME Daniel A. Paulson
BUSINESS NAME or CO-OWNER'S NAME (if applicable)	BUSINESS NAME (if applicable) Paulson & Associates, LLC
MAILING ADDRESS 3047 Scotland Parkway	MAILING ADDRESS 136 W. Holum Street
CITY, STATE, ZIP Sun Prairie, WI 53590	CITY, STATE, ZIP DeForest, WI 53532
DAYTIME PHONE # (608) 220-5080	DAYTIME PHONE # (608) 846-2523
EMAIL Radlund@ICloud.com	EMAIL Dan@PaulsonLLC.net

LAND INFORMATION

Town: Bristol Parcel Numbers Affected: 0911-301-1008-2 & 0911-301-6274-3
Section: 30 Property Address or Location: 3047 Scotland Parkway
Zoning District Change (To / From / # of acres) from AG / to SFR / 0.93 AC

Soils classification 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

Joining an Out Lot together with an existing residential Lot.

I authorize that I am the owner or have permission to act on behalf of the owner of the property.

Signature: Daniel A. Paulson Date: 3-6-23

TOWN OF BRISTOL JURISDICTION REVIEW FORM

COMPLETE THIS FORM BEFORE STARTING THE ZONING APPLICATION

If your property is subject to Dane County's jurisdiction, the Town cannot grant your zoning change without Dane County's approval. If the answer to any of the Jurisdictional Questions is "Yes", the Town cannot proceed with your application unless Dane County indicates that the County does not have jurisdiction over zoning the parcel.

Applicant/Agent/Contractor: Paulson & Associates Daniel A. Paulson Email: Dan@PaulsonLLC.net

Address: 136 W. Holum Street City/State/Zip: DeForest, WI 53532 Phone: (608) 846-2523

Parcel ID Number(s): 0911-301-1008-0 & 0911-301-6274-3

CSM or Plat Information, if any: Lot 68, Scottish Highlands 2nd Addition & OL 4, Scottish Highlands 1st Addition

Proposed activity on the property: residential

Is the property enrolled in CRP or any other farm programs? ☒ No ☐ Yes

If "Yes" is checked, identify the program and file identification number(s): _____

JURISDICTIONAL QUESTIONS

1. Is your proposed project located within 1,000 feet of the ordinary high-water mark of a navigable lake, pond or flowage?

☒ No ☐ Yes

2. Is your proposed project located within 300 feet of the ordinary high-water mark of a navigable river, stream or creek?

☒ No ☐ Yes

3. Is your proposed project located within a floodplain? ☒ No ☐ Yes

4. Is your proposed project located within a wetland? ☒ No ☐ Yes

5. Will your project involve disturbing more than 4,000 square feet of land by excavating, grading or filling?

☒ No ☐ Yes (If Yes, you may need a Dane County erosion control and/or stormwater permit)

6. Do the maps showing wetlands, floodplains and shorelands at <https://dcimapapps.countyofdane.com/lwrvviewer/> indicate that there are any floodplain, wetland or shoreland areas on your property or an adjacent parcel?

☒ No ☐ Yes

STATEMENT OF APPLICANT

The answers above were made after reviewing the facts pertaining to my property. I am aware that if my proposed project is located within a floodplain, shoreland or wetland area, the project must be reviewed by Dane County. Any approvals obtained in error will be void, and all expenses incurred in seeking those approvals will be lost.

Dated: 3-6-23

By: Daniel A. Paulson

If the answer to any jurisdictional question is "Yes," the applicant must submit this request to the Dane County Department of Planning and Development for a determination of whether the project is subject to Dane County Jurisdiction.

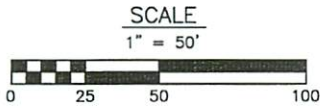
DETERMINATION BY DANE COUNTY

The undersigned, acting by authority of Dane County, indicates that the parcel identified in this Jurisdictional Review Form is not subject to shoreland, floodplain or wetland zoning regulations of Dane County.

Dated: _____ By: _____

DANE COUNTY CERTIFIED SURVEY MAP NO. _____

BEING OUTLOT 4, SCOTTISH HIGHLANDS FIRST ADDITION AND LOT 68, SCOTTISH HIGHLANDS SECOND ADDITION, LOCATED IN THE NE 1/4 OF THE NE 1/4 AND THE SE 1/4 OF THE NE 1/4, SECTION 30, T9N, R11E, TOWN OF BRISTOL, DANE COUNTY, WISCONSIN



BASIS OF BEARINGS
THE EAST LINE OF THE NE 1/4 IS
ASSUMED TO BEAR S00°42'09"E.

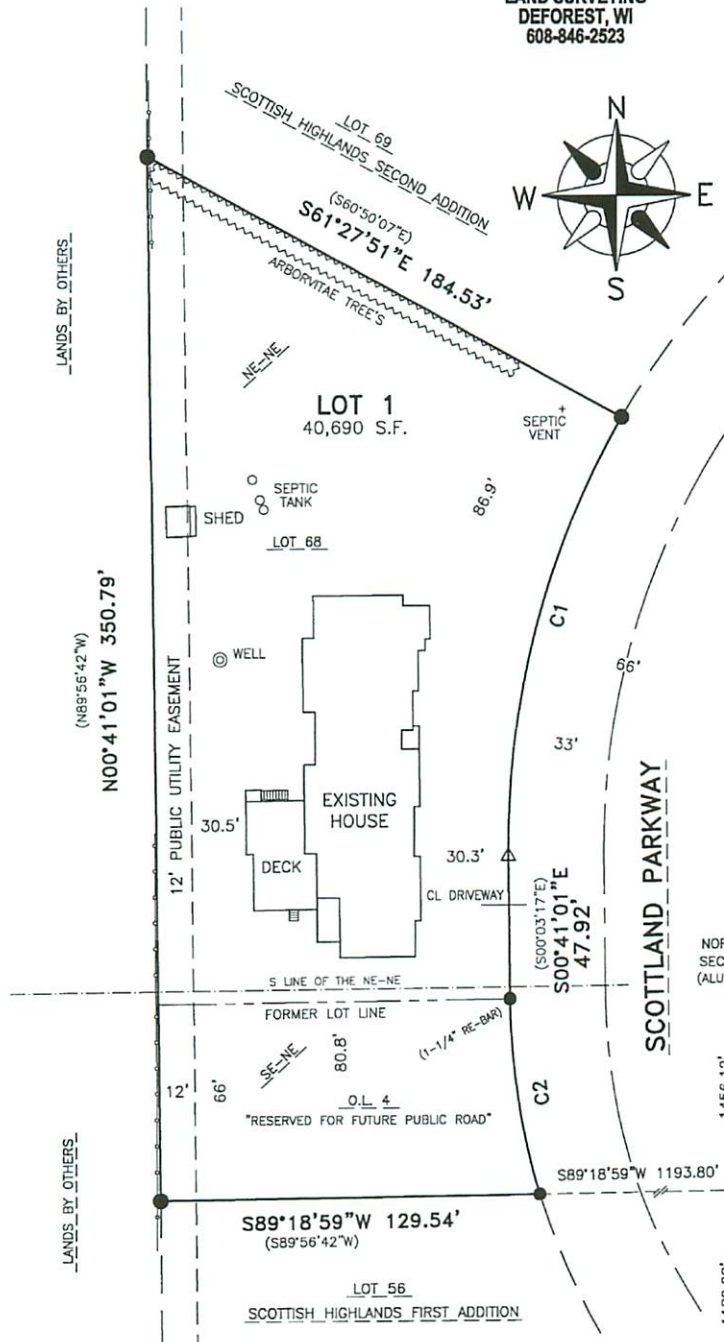
SURVEYOR
PAULSON & ASSOCIATES, LLC
Daniel A. Paulson
136 W. Holum Street
DeForest, WI 53532

OWNER
Corey B. Radlund
Erica L. Radlund
3047 Scotland Parkway
Sun Prairie, WI 53590



LEGEND

- DANE COUNTY SECTION CORNER (FOUND AS NOTED)
- 3/4" IRON RE-BAR (FOUND) (UNLESS NOTED)
- △ DRILL HOLE IN CONCRETE DRIVEWAY (SET)
- () "RECORDED AS" INFORMATION
- STEEL FENCE LINE



NORTHEAST CORNER
SEC. 30, T9N, R11E
(ALUMINUM MONUMENT)

C1
CA=31°14'40"
R=283.00'
LC=S14°56'19"W
(S15°34'03"W)
152.42'
ARC=154.33'
TB=S30°33'39"W

C2
CA=16°27'20"
R=233.00'
LC=S08°54'40"E
(S08°16'57"E)
66.69'
ARC=66.92'
TB=S00°41'01"E

NOTE:

- 1) REFER TO BUILDING SITE INFORMATION CONTAINED IN THE DANE COUNTY SOIL SURVEY.
- 2) WITNESS MONUMENTS FOR ALL SECTION CORNERS WERE FOUND AND VERIFIED PER LATEST MONUMENT RECORDS ON FILE.
- 3) NO TITLE REPORT WAS PROVIDED.

SURVEYOR'S CERTIFICATE


I, Daniel A Paulson, Professional Land Surveyor DO HEREBY CERTIFY that by the Corey B. Radlund, I have surveyed, monumented, and mapped a **OUTLOT 4, SCOTTISH HIGHLANDS FIRST ADDITION AND LOT 68 SCOTTISH HIGHLANDS SECOND ADDITION**; located in part of the NE ¼ of the NE ¼ and the SE ¼ of the NE ¼ of Section 30, Town 9 North, Range 11 East, Town of Bristol, Dane County, Wisconsin.

Containing 40,690 square feet.

Subject to Scottish Highlands First Addition Plat and Scottish Highlands Second Addition Plat.

Subject to all recorded and unrecorded easements.

I do hereby certify that to the best of my knowledge and belief this survey is a correct representation of the boundaries of land surveyed and the division of that land and that I have fully complied with the provisions of Chapter 236.34 of the Wisconsin Statutes, and the Town of Bristol Code of Ordinances in surveying and mapping the same.


Daniel A. Paulson PLS-1699

3-6-23

Date:



TOWN OF BRISTOL APPROVAL CERTIFICATE

Approved for recording by the Bristol Town Board this _____ day of _____, 2023.

Authorized Representative
Bristol Town Board

CERTIFICATE OF THE DANE COUNTY REGISTER OF DEEDS

Received for recording this _____ day of _____, 2023, at _____ o'clock __. M. and recorded in Volume _____ of Certified Survey Maps of Dane County, Pages _____.

DOCUMENT NO. _____

Dane County Register of Deeds

OWNERS CERTIFICATE

As owners of the subject property, we hereby certify that we caused the land described to be surveyed, divided, and mapped, as represented on the map.

Corey B. Radlund

Date

Erica L. Radlund

Date

STATE OF WISCONSIN) SS
_____) COUNTY)

Personally came before me this _____ day of _____, 2023, the above Corey B. & Erica L. Radlund to me known to be the persons who executed the foregoing instrument and acknowledged the same.

Notary Public _____, Wisconsin
My commission expires: _____

TOWN OF BRISTOL

Cover Sheet for Agenda Packet Section

III. Business

c.

No Packet Material For This Item