TOWN of TROY
ST CROIX COUNTY WI

654 Glover Road, Hudson, WI 54016
Phone: (715) 425-2665 Fax: (715) 425-2551
Office Hours: Monday - Thursday 9:00 — 2:00

LAND USE APPLICATION FORM

The completed form, including all required paperwork and fees, must be received by the Town Clerk thirty days prior to the Plan Commission meeting at which the application is requested to be heard.
The Plan Commission routinely meets on the 1st Thursday of every month.

Applicant/Agent
Dan Kugel
Name: Ogden Engineering Co.
Address: 1234 S. Hasson Lane, River Falls, WI 54022
Phone #: 715-425-7631
Email address: dkugel@ogdenengineering inc.com

Property Owner
Name: Michele Riedel
Address: 1547 47th St, Somerset, WI 54025
Phone #: 651-303-0543
Email address: michriedel65@gmail.com

Street Address: Between 848 and 880 Tower Road, Hudson, WI 54016
Parcel Identification Number: 040-1000-50-000 AND 040-1000-60-001
Zoning of Property: AG (to be rezoned to AG-RES)
Current Use of Property: WOODED
Proposed Use of Property: WOODED / RESIDENTIAL

REQUEST FOR: (Circle one) Concept Review, C.S.M, C.S.M Expedited Review, Preliminary Plat, or Final Plat.

Describe request (be specific): SPLITTING THE PROPERTY INTO TWO LOTS (5+ ACRES AND 69+ ACRES).

(ATTACH EXTRA SHEETS AS NECESSARY)

Signatures
Agent/Applicant: [signature] Date: 4/27/26
Property Owner: Dan Kugel (agent) Date: 2-2-26

Professional review fees equal to the actual cost to the town for professional review of any plan, concept plan, preliminary plat, final plat, certified survey map or separate application to transfer development rights shall be paid before final approval of the Town is completed. "Professional review" is an independent review of such plans or proposals on behalf of the town, including planners, engineers, surveyors, attorneys and any other professional employees or consultants consulted by the town. See Chapter 135 -Subdivision of Land: Article IV (Recovery of Town Costs), Town of Troy Ordinances.

FOR TOWN USE ONLY:

Permit Number: _____

Date Recd.: _____

Preliminary Fees Paid: _____

Notices Sent: _____

Final Fees Paid: _____

Permit issued on (date/whom): _____

Permit denied for the following reasons: _____