

SUBDIVISION APPLICATION Madison Plan Commission

215 Martin Luther King Jr. Blvd; Room LL-100 PO Box 2985; Madison, Wisconsin 53701-2985 Phone: 608.266.4635 | Facsimile: 608.267.8739

** Please read both pages of the application completely and fill in all required fields**

This application form may also be completed online at www.cityofmadison.com/planning/plan.html

NOTICE REGARDING LOBBYING ORDINANCE: If you are seeking approval of a development that has over 40,000 square feet of non-residential space, or a residential development of over 10 dwelling units, of if you are seeking assistance from the City with a value of \$10,000 (including grants, loans, TIF or similar assistance), then you likely are subject to Madison's lobbying ordinance (Sec. 2.40, MGO). You are required to register and report your lobbying. Please consult the City Clerk's Office for more information. Failure to comply with the lobbying ordinance may result in fines.

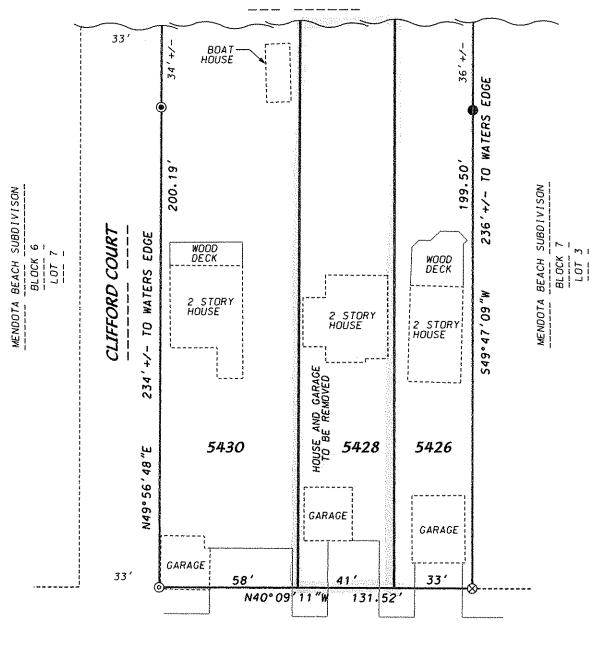
1a. Application Type.									
Preliminary Subdivision	on Plat	☐ Final S	Subdivisio	n Plat	Land Divis	ion/ Ce	rtified Su	ırvey 1	1ap (CSM)
If a Plat, Proposed Subdiv	ision Name								
1b. Review Fees. Make ch	ecks payable t	o "City Tre	asurer."						
 For Preliminary and Fine 	al Plats, an	applicatio	n fee of \$3	200, plus	\$35 per lot or o	utlot cor	ntained on	the pl	at drawing.
 For Certified Survey Ma 	ps , an applic	ation fee	of \$200 p	lus \$150	per lot and outlo	ot contai	ned on th	e certif	ied survey.
2. Applicant Information Name of Property Owner:	on. BERT 7	TOON				,			
Name of Property Owner: Vo	AN WIGH	VCCN	>aux=	Represent	tative, if any:				
Street Address: <u>5430 LA</u> Telephone: () 466	776 776 A	ODIM	DICIVE	City/State	: <u> </u>	SON	W/	Zip:	53/08
Telephone: () 76 /	- 7030	Fax:()	····	Email:			·····	
Firm Preparing Survey: <u>D'or</u>	OFRIO.	KOTTI	KE & A	SSOC.	Contact:	VAYR	EBH	YESA	1555
Street Address: 7530 a	WESTWAI	ed w	PY	City/State	: MADISO	NU	V/	Zip:	53717
Telephone: () 833	- 7530	Fax:() 833	-1089	Email: WL	BARSN	ESS @	Dono	FRIO.CC
Check only ONE - ALL Correspo	ndence on this	applicatio	n should be	e sent to:	Property O	wner	Sur	vey Firn	n
3a.Project Information	•						$\overline{}$		
Parcel Address: 5426 54	128 & 5	430 LA	KE MEN	DOTA DR	in the City or Tow	n of:	MA	DISO	V
Parcel Address: <u>5426</u> , <u>54</u> 70709 Tax Parcel Number(s): <u>070</u>	-181-0403 9-181-040	-8, 070 1-2	9-18/- 0	402-0	School District:	n.	ADISON	V	
Existing Zoning District(s):									
Proposed Zoning District(s) (if a								your C	SM or plat.
3b.For Surveys Located	•								
Date of Approval by Dane Count	:y:			Date	e of Approval by T	own:			
In order for an exterritorial requ	est to be proc	essed, a co	ppy of the a	 pproval leti	ters from <u>both</u> the	town an	d Dane Cou	unty mu	st be submitte
4. Survey Contents and	d Descripti	on. Comp	olete table a	ıs it pertain	is to the survey: d	la not coi	nnlete arav	, areas	
Land Use	MENT OF STREET WAS	utlots	Acres		Land Use	Lot	002000 877000	\$0,588.	Acres
Residential	Z	Yesin triba (esignila)	0.71	Outlo	ts Dedicated to				Salakian (2) (6
Retail/Office				the P	ublic (Parks,				
				<u> </u>	nwater, etc.)				
Industrial				1	ts Maintained Private Group				
Other (state use)					sociation				
PROJECT TOTAL	2		0.71					01	VER →

Surveys (prepared by a Registered		•	
• For <u>Preliminary Plats</u> , eighteen required to provide all informati (7)(a) of the Madison General O of existing site conditions and n site (denote field located versu dimensions of lots and outlots, and any other information necessity.	on as it pertains to the propose rdinances. The drawings shall i atural features, delineation of a s record drawings), the gener widths of existing and propos ssary for the review of the propo	ed subdivision as set forth nclude, but are not limited all public and private utiliti al layout of the proposed ed rights of way, topogra osed subdivision.	in Section 16.23 I to, a description es that serve the subdivision, the phic information,
 For <u>Final Plats</u>, sixteen (16) co drawn to the specifications of Se 			final plat shall be
 For <u>Certified Survey Maps (CSN</u> include all of the information se including existing site conditions data (field located or from utility All surveys submitted with this 	t forth in Sections 16.23 (7)(a, the nature of the proposed di maps) may be provided on a sapplication are required to b	 & (d) of the Madison Gerevision and any other necesseparate map submitted with collated, stapled and formal and formal formal and formal and	neral Ordinances, ssary data. Utility ith application. ilded so as to fit
within an 8 1/2" X 14" folder. Ar	$18-\frac{1}{2}$ X 11-inch reduction of	each sheet shall also be	submitted.
Letter of Intent: Twelve (12) of but not limited to: the number and uses of the property; development (contractor, architect, landscaper, I the same document as the letter same property. **The requirem lot combinations or split duplex	i type/ use of lots proposed wi and phasing schedule for the p ousiness manager, etc.). *The er of intent required for a ca tent to include a letter of in	th this subdivision; existing to the control of the	ng conditions and persons involved odivision can be olication for the
Report of Title and Supporting include a Report of Title satisfactor Madison General Ordinances. A mir Title shall be obtained from a title NOT acceptable (i.e. a Prelimina submit a copy of all documents list firm and property owner should ref	y to the Office of Real Estate S nimum of two (2) copies of a insurance company. Title ins by Title Report or a Record In ed in the Report of Title for eac	ervices as required in Sec City of Madison standard (urance or a title comm nformation Certificate). The ch copy of the report subm	tion 16.23 of the 50-year Report of itment policy is ne applicant shall
For any plat or CSM creating co proposed development restrictions the survey instrument.			
For Surveys <u>Outside</u> the Madiso the property is located and Dane C consider a survey within its extrate	county must be submitted with	your request. The City of	Madison may not
For Surveys Conveying Land to required if any interest in these land Real Estate Services at 266-4222 for	inds are to be conveyed to the	public. Please contact th	t Report may be le City's Office of
Completed application and requ	ired fee (from Section 1b):	Make all checks payable to	"City Treasurer."
Flectronic Application Submitta form, legal description and prelimin PDF files compiled either on a non-e-mail sent to prapplications@cityaapplicant. Applicants unable to pra 266-4635 for assistance.	nary and/or final plats or certifice returnable CD-ROM to be included from the fransmittans of the transmittans of the transmi	ed survey map as individuded with their application relations in the same of t	ual Adobe Acrobat materials, or in an of the project and
he signer attests that the application has			
pplicant's Printed Name WAYNE	BARSNESS Signa	iture Wayne	BALL
pplicant's Printed Name <u>WAYNE</u> ate <u> </u>	Interest In Property On Thi	s Date OWNER'S	SURVEYOR
or Office Use Only. Date Rec'd:	PC Date: Alder.	District: Amount Pai	d: \$
ffective July 20, 2010	3,000,000		

5. Required Submittals. Your application is required to include the following (check all that apply):

SITE PLAN - EXISTING

LAKE MENDOTA



% LAKE MENDOTA DRIVE

, 99

~~~~

## D'ONOFRIO KOTTKE AND ASSOCIATES, INC.

7530 Westward Way, Madison, WI 53717 Phone: 608.833.7530 • Fax: 608.833.1089 YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT





DATE: 10-18-10

F.N.: 10-07-118

REV.

U:/User/1007118/drawings/1007118/demo.dgn

WAYNE D. PARSNESS CERTIFIED SURVEY MAP Lot 1 and 2, Block 7, Mendota Beach Subdivision Located in the SW 1/4 of the NE 1/4 of Section18, T7N, R9E City of Madison, Dane County, Wisconsin SURVEY DELINE LAKE MENDOTA 33 -/+,98 BOAT HOUSE 36 S39°50'53"E 130.96' 80.001 50.96 WATERS EDGE LOT I LOT 2 WATERS 2 BLOCK 7 200. 18.860+/- SQ. FT. 199. 1/+ MENDOTA BEACH SUBDIVISON 5 CLIFFORD COURT WATERS EDGE 236' +/-BLOCK 25.1 MENDOTA E 2 STORY HOUSE 549°47'09 N43°56'48"E 10 2 STORY HOUSE 1/4 234 45.2 N49°56'48"E 26.3 GARAGE GARAGE ! 80.00' N40°09'11"W 699.81 GAR. LAKE MENDOTA DRIVE ,99 .99 N49°47'09"W FOUND CITY OF MADISONMONUMENT W/BRASS CAP
CENTER OF SECTION 18
WCCS DANE ZONE 1997
N 468-057.07'
E 797-293.48' NOO. 15. 15 CONCRETE" BEARINGS REFERENCED
TO THE WEST LINE OF
THE SE 1/4 OF SECTION 18. T7N. R9E
WCCS DANE COUNTY ZONE 1997
COORDINATE SYSTEM
GRID BEARING NOO\*15 16"W FOUND CITY OF MADISON CONCRETE MONUMENT W/BRASS CAP SOUTH 1/4 CORNER SECTION 18, T7N. R9E Scale 1" <u>LEGEND</u> DATE: 10-18-10 F.N.: 10-07-118 ⊗ FOUND 1" PINCHED PIPE C.S.M. NO. ● FOUND 3/4" SOLID ROUND IRON STAKE D'ONOFRIO KOTTKE AND ASSOCIATES, INC. ● FOUND 3/4" PIPE DOC. NO. 7530 Westward Way, Madison, WI 53717 O SET 3/4"X18" SOLID ROUND IRON STAKE WEIGHING 1.50 LBS./FT. SHEET VOL .\_ Phone: 608.833.7530 • Fax: 608.833.1089 YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT SHEET 1 OF 6 U:/USER/1007118/DRAWINGS/1007118/1007118.DGN

#### SURVEYOR'S CERTIFICATE

1. Wayne D. Barsness, Registered Land Surveyor S-1561, do hereby certify that this survey is in full compliance with Chapter 236.34 of the Wisconsin Statutes and the Subdivision Regulations of the City of Madison. Dane County, Wisconsin, and under the direction of the Owners listed below. I have surveyed, divided and mapped the land described herein and that said map is a correctly dimensioned representation of the exterior boundaries and division of the land surveyed. Said land is described as follows:

Lots 1 and 2. Block 7. Mendota Beach Subdivision recorded in Volume 4 of plats page 27 as

| 18 TH                                                                                                                                                    |                                                    | 4 square feet more or less,                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|
| Dated this 18 TH day of 0                                                                                                                                | CIOPCIL                                            | . 2010                                                                         |
| WATED. BAN                                                                                                                                               |                                                    |                                                                                |
| Wayne D. Barsness, Registered Land S.                                                                                                                    | urveyor S-1561                                     | WAYNE D. BARSNESS S-1561 BLACK EARTH, WIS.                                     |
| OWNER'S CERTIFICATE                                                                                                                                      |                                                    | SURVE SHEELEN                                                                  |
| Albert and Jane Toon Joint Revocable the land described on this Certified dedicated as represented on this Certified Survey Map is required by approval. | Survey Map to be survey<br>tified Survey Map. We t | ved, divided, mapped and<br>further certify that this                          |
| In witness whereof, soid Albert and presents to be signed by its trustees this day of                                                                    | s listed below at Madiso                           | on. Wisconsin.                                                                 |
| ALBERT AND JANE                                                                                                                                          | TOON JOINT REVOCABLE TRU                           | JST                                                                            |
| Albert L. Toon, Jr., Trustee                                                                                                                             | Jane E. Toon, 1                                    | Trustee                                                                        |
|                                                                                                                                                          |                                                    |                                                                                |
| ACF                                                                                                                                                      | KNOWLEDGMENT                                       |                                                                                |
| STATE OF WISCONSIN) COUNTY OF DANE ) S.S.                                                                                                                | KNOWLEDGMENT                                       |                                                                                |
| STATE OF WISCONSIN)                                                                                                                                      | day of                                             | , 20, the above named<br>person(s) who executed the                            |
| STATE OF WISCONSIN) COUNTY OF DANE ) S.S.  Personally came before me this Albert L. Toon, Jr. and Jane E. Toon foregoing instrument and acknowledged     | day of<br>to me known to be the<br>d the same.     | , 20, the above named person(s) who executed the                               |
| STATE OF WISCONSIN) COUNTY OF DANE ) S.S.  Personally came before me this Albert L. Toon, Jr. and Jane E. Toon                                           | day of<br>to me known to be the<br>d the same.     | , 20, the above named person(s) who executed the ublic, Dane County, Wisconsin |
| STATE OF WISCONSIN) COUNTY OF DANE ) S.S.  Personally came before me this Albert L. Toon, Jr. and Jane E. Toon foregoing instrument and acknowledged     | day of<br>to me known to be the<br>d the same.     | person(s) who executed the                                                     |

D'ONOFRIO KOTTKE AND ASSOCIATES, INC.

7530 Westward Way, Madison, WI 53717 Phone: 608.833.7530 • Fax: 608.833.1089 YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT

| DATE:  | 10-18-10  |      |
|--------|-----------|------|
| F.N.:  | 10-07-118 |      |
| C.S.M  | . NO      |      |
| DOC. I | vo        |      |
| VOL.   | SA        | IEET |

SHEET 2 OF 6

U:/USER/1007118/DRAWINGS/1007118/1007118.DGN

| My Commission expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CERTIFI                                                                                       | ED SUP                     | RVEY MA                        | I <i>P</i>              |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------|--------------------------------|-------------------------|--------------------------------|
| Certified Survey Map to be surveyed, divided, mapped and dedicated as represented an this Certified Survey Map is required by s.236.34 to be submitted to the City of Madison for approval.  Witness the hand and seal of said Owner this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OWNER'S CERTIFICATE                                                                           |                            |                                |                         |                                |
| John S. Wiencek  STATE OF WISCONSIN) CDUNTY OF DANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Certified Survey Map to be surveyed, de Certified Survey Map. I further certified Survey Map. | ivided. map<br>fy that thi | ped and dedic<br>s Certified S | ated as repres          | ented on this                  |
| STATE OF WISCONSIN) CDUNTY OF DANE  Personally came before me this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Witness the hand and seal of said Owner                                                       | this                       | day of _                       |                         | . 20                           |
| Personally came before me this day of .20 , the above named John S. Wiencek. to me known to be the person who executed the foregoing instrument and acknowledged the same.  My Commission expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | John S. Wiencek                                                                               |                            |                                |                         |                                |
| My Commission expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                            |                                |                         |                                |
| Notary Public. Dane County. Wisconsin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | day ofperson who           | executed the                   | . 20 .<br>foregoing ins | the above named<br>trument and |
| SCONS.  MAYNE D.  MAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | My Commission expires                                                                         | Nota                       | ry Public, Da                  | ne County, Wis          | consin                         |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| CONSUMER TO THE PARTY OF THE PA |                                                                                               |                            |                                |                         |                                |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| MATERIAL SCONS WAYNE D. WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                            |                                |                         |                                |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| THE CONSTITUTE OF THE PROPERTY |                                                                                               |                            |                                |                         |                                |
| MILLER SCONS  WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                            |                                |                         |                                |
| MILITARY SCONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·                                                                                             |                            |                                |                         |                                |
| MILLER SCONS VILLE OF THE PROPERTY OF THE PROP |                                                                                               |                            |                                |                         |                                |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                            |                                |                         |                                |
| WAYNE D. WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | NISCONS/<br>NISCONS/       | Willey.                        |                         |                                |
| BARSNESS A STATE: 10-18-10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | BARSNESS                   |                                |                         |                                |

### D'ONOFRIO KOTTKE AND ASSOCIATES, INC.

7530 Westward Way, Madison, WI 53717 Phone: 608.833.7530 \* Fax: 608.833.1089 YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT



F.N.: 10-07-118 C.S.M. NO.\_\_\_\_

DOC. NO.\_\_\_\_\_SHEET\_

SHEET 3 OF 6

U:/USER/1007118/DRAWINGS/1007118/1007118.DGN

| OWNER'S CERTIFICATE                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| As Owners, we hereby certify that we caused the land described on this Certified Survey Map to be surveyed, divided, mapped and dedicated as represented on this Certified Survey Map.          |
| We also certify that this Certified Survey Map is required by ${\it s.236.34}$ to be submitted to the City of Madison for approval.                                                             |
| Witness the hand and seal of said owners this day of                                                                                                                                            |
| IN PRESENCE OF:<br>LAND CONTRACT VENDOR:                                                                                                                                                        |
| Ellen Cox                                                                                                                                                                                       |
| LAND CONTRACT VENDEE: Albert and Jane Toon Joint Revocable Trust                                                                                                                                |
| Albert L. Toon, Jr., Trustee Jane E. Toon, Trustee                                                                                                                                              |
| ACKNOWLEDGMENT                                                                                                                                                                                  |
| STATE OF                                                                                                                                                                                        |
| Personally came before me onday of, 20, the above named Ellen Cox, to me known to be the person who executed the foregoing instrument and acknowledged the same.                                |
| My Commission expires: Notary Public. County.                                                                                                                                                   |
| Notary Public,County,                                                                                                                                                                           |
| ACKNOWLEDGMENT                                                                                                                                                                                  |
| STATE OF WISCONSIN) COUNTY OF DANE ) S.S.                                                                                                                                                       |
| Personally come before me on day of 20, the above named Albert L. Toon, Jr. and Jane E. Toon, to me known to be the person (s) who executed the foregoing instrument and acknowledged the same. |
| My Commission (is permanent)  Notary Public, Dane County, Wisconsin                                                                                                                             |
|                                                                                                                                                                                                 |
|                                                                                                                                                                                                 |
|                                                                                                                                                                                                 |
|                                                                                                                                                                                                 |
|                                                                                                                                                                                                 |
| .497578789-                                                                                                                                                                                     |

#### D'ONOFRIO KOTTKE AND ASSOCIATES, INC.

7530 Westward Way, Madison, WI 53717 Phone: 608.833.7530 • Fax: 608.833.1089 YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT



DATE: 10-18-10 F.N.: 10-07-118 C.S.M. NO.\_\_\_ DOC. NO.\_\_\_\_

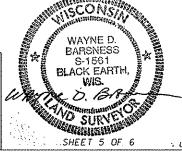
VOL.\_\_\_\_SHEET\_

Ú:/USER/1007118/DRAWINGS/1007118/1007118.DGN

## MORTGAGEE CERTIFICATE

| Capitol Bank, a Corporation duly organized and existing under<br>the State of Wisconsin, mortgagee of the above described land<br>surveying, dividing, mapping and dedicating of the land descr<br>Map.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | i. does hereby consent to the                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| In witness whereof, said Capitol Bank has caused these presen corporate officer(s) listed below, and its corporate seal to day of, 2010.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |
| CAPITOL BANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
| STATE OF WISCONSIN) COUNTY OF DANE ) S.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ·                                                    |
| Personally came before me this day of corporate officer(s) to me known to be the persons(s) who exe and acknowledged the same.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | . 20, the above named cuted the foregoing instrument |
| My Commission ExpiresNotary Public, Dane Count                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | y, Wisconsin                                         |
| MORTGAGEE CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
| AnchorBank, s.s.b., a corporation duly organized and existing laws of the State of Wisconsin, mortgagee of the above descr to the surveying, dividing, mapping and dedicating of the lan Survey Map.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ibed land, does hereby consent                       |
| In witness whereof, said AnchorBank, s.s.b., has caused these corporate officer(s) listed below, and its corporate seal to day of, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
| ANCHORBANK. s.s.b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| STATE OF WISCONSIN) COUNTY OF DANE ) S.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |
| Personally came before me this day of corporate officer(s) to me known to be the person(s) who exec and acknowledged the same.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 20, the above named cuted the foregoing instrument |
| My Commission Expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nty. Wisconsin                                       |
| WHITE THE PROPERTY OF THE PROP |                                                      |
| D'ONOFRIO KOTTKE AND ASSOCIATES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE: 10-18-10<br>F.N.: 10-07-118<br>C.S.M. NO       |
| 7530 Westward Way, Madison, WI 53717                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DOC. NO                                              |

Phone: 608.833.7530 • Fax: 608.833.1089 YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT



#### MORTGAGEE CERTIFICATE

|                                                                                           | agee of the above described land, does hereby consent and dedicating of the land described on this Certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                           | Bank. N.A., has caused these presents to be signed by w, and its corporate seal to be hereunto affixed on, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| WELL                                                                                      | S FARGO BANK, N.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| STATE OF WISCONSIN)<br>COUNTY OF DANE ) S.S.                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Personally came before me this                                                            | day of, 20, the above named                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                           | be the person(s) who executed the foregoing instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| My Commission Expires                                                                     | Notory Public Rose County Wissensia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                           | Notary Public. Dane County, Wisconsin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| MADISON PLAN COMMISSION CERTIFICATE                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Approved for recording per the Secre                                                      | etary of the City of Madison Plan Commission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                           | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Mark A. Olinger, Secretary Plan C                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MADISON COMMON COUNCIL CERTIFICATE                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| "Resolved that this Certified Survey was hereby approved by Enactment NumFile I.D. Number | Map located in the City of Madison.  ber  day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| .2010, and that                                                                           | said Enactment further provided for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| the acceptance of those lands dedica<br>Certified Survey Map to the City of               | - · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Dated thisdoy of                                                                          | . 2010.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Maribeth Witzel-Behl, City Clerk, Ci                                                      | ty of Madisan, Dane County, Wisconsin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| REGISTER OF DEEDS CERTIFICATE                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Received for recording thisda                                                             | y of 2010 at ume of Certified Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| o'clockM. and recorded in Vol<br>Maps on Pagesas Docu                                     | ment Number of Certified Survey WAYNE D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                           | BARSNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                           | S-1501 BLACK EARTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Kristi Chlebowski, Dane County Regis                                                      | ter of Deeds WS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                           | Managaman Commendation of the Commendation of |
|                                                                                           | DATE: 10-18-10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                           | F.N.: 10-07-118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| D'ONOFRIO KOTTKE AND ASSOCIATES, INC.                                                     | C. S. M. NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7530 Westward Way, Madison, WI 53717                                                      | DOC. NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT

SHEET 6 OF 6

U:/USER/1007118/DRAWINGS/1007118/1007118.DGN