

APPLICATION FOR ZONING PERMIT

PERMIT NO. \_\_\_\_\_

RACINE COUNTY, WISCONSIN (Rev. 02/22)

DATE PERMIT ISSUED \_\_\_\_\_

OWNER Yorkville Joint School District #2

APPLICANT SAME

Mailing Address: 18621 Washington Ave.

Mailing Address \_\_\_\_\_

Union Grove WI. 53182  
City State Zip

City State Zip

Phone (262) 878-3759

Phone \_\_\_\_\_

Email mark.rolletson@Yorkville.k12.wi.us

Email \_\_\_\_\_

Parcel Id. # 194032108007000

Site Address 18621 Washington Avenue

Municipality Yorkville Section(s) 08 Town 03 North, Range 21 East

Lot - Block - Subdivision Name \_\_\_\_\_ CSM # -

Proposed Construction/Use Electronic Messaging Ground Sign

New	<input checked="" type="checkbox"/>	Principal Bldg.	Size <u>(8.38' x 5.25')</u> ( - x - ) ( - x - )
Addition	_____	Accessory	Area (sq ft) <u>(44 sq ft.)</u> ( - ) ( - )
Alteration	_____	Deck	Peak Ht. (ft.) <u>&lt; 10'</u> 100-Yr. Floodplain Elev. <u>-</u>
Conversion	_____	Sign	Eave Ht. (ft.) <u>-</u> Flood Protection Elev. <u>-</u>
Temporary	_____	Other	Building Ht.-Avg. (ft.) <u>-</u>

Contractor	_____	Est. Value w/Labor \$	<u>30,000</u>	ZONING DISTRICT	<u>A-2</u>
Existing Nonconforming?	<u>N/A</u> <input checked="" type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>	Yard Setbacks	Proposed OK?
Structure in Shoreland? (per map)	_____	Yes	No <input checked="" type="checkbox"/>	Street-1 <sup>st</sup>	<u>15'</u> <u>Yes</u>
Mitigation or Buffer Needed?	_____	Yes	No <input checked="" type="checkbox"/>	Street-2 <sup>nd</sup>	<u>-</u> <u>-</u>
Structure in Floodplain? (per map)	_____	*Yes	No <input checked="" type="checkbox"/>	Side-1 <sup>st</sup>	<u>±115'</u> <u>Yes</u>
*Structure's Fair Market Value \$	<u>N/A</u>	Cumulative %	_____	Side-2 <sup>nd</sup>	<u>±318'</u> <u>Yes</u>
*>50% of Fair Market Value?	<u>N/A</u> <input checked="" type="checkbox"/>	Yes	No _____	Shore	<u>-</u> <u>-</u>
Structure in Wetland? (per map)	_____	Yes	No <input checked="" type="checkbox"/>	Rear	<u>±560'</u> <u>Yes</u>
Substandard Lot?	_____	Yes	No <input checked="" type="checkbox"/>	Total Acc. Structures	<u>-</u>
BOA Variance Needed?	_____	Yes <input checked="" type="checkbox"/>	No _____	Date of Approval	_____
Conditional Use/Site Plan Needed?	_____	Yes	No <input checked="" type="checkbox"/>	Date of Approval	<u>-</u>
Shoreland Contract Needed?	_____	Yes	No <input checked="" type="checkbox"/>	Date of Approval	<u>-</u>

The applicant hereby acknowledges receipt of notice contained herein and certifies that submitted information/ attachments are true and correct to the best of the knowledge and belief of the signer, and that all construction/ use will be done in accordance with the Zoning Ordinance, applicable stipulations, and Wisconsin laws.

BOA/Conditional Use/Site Plan Pd: \$ N.C. Mark Rolletson Superintendent 1/31/24  
Signature of Owner /Applicant/Agent Date

Shoreland Contract Fee Pd: \$ \_\_\_\_\_ Mark Rolletson  
Print Name(s)

Zoning Permit Fee Pd: \$ N.C. \_\_\_\_\_  
Notes (revisions, extensions, etc.)

Other: Pd: \$ \_\_\_\_\_ STM  
(Staff Initials)

✓  if shoreland erosion review fee is included above Zoning Administrator

Make checks payable to "Racine County Development Services" - Note: ALL FEES ARE NONREFUNDABLE (OVER)

PN 1940321 -08 - 007000

**Staff Use Only**

If a private onsite wastewater treatment system (POWTS) serves the property, check here  and complete #1-6 below:

- 1) Sanitary Permit # \_\_\_\_\_ Date issued \_\_\_\_\_ Year installed \_\_\_\_\_ Failing? \_\_\_\_\_
- 2) If zoning permit is for an accessory structure without plumbing, check here  and go to #4 below.
- 3a) If a commercial facility, public building, or place of employment, will there be a change in occupancy of the structure; or will the proposed modification affect either the type or number of plumbing appliances, fixtures or devices discharging to the system? Yes\*  No  N/A
- 3b) If a dwelling, will the addition/alteration change the number of bedrooms? Yes\*  No  N/A   
\*If "Yes" above, documentation must be submitted per SPS 383.25 (2) (d) to verify system can be used.
- 4) Will construction interfere with the setback requirements to the POWTS per SPS 383.43 (8) (i)? Yes  No   
If "Yes," provide variance approval date: \_\_\_\_\_
- 5) Has a new sanitary permit been issued to accommodate the structure or proposed modification in wastewater flow or contaminant load and/or County sanitary approval granted? Yes  No
- 6) Comments \_\_\_\_\_

POWTS Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ZONING PERMIT REQUIREMENTS**

A Plat of Survey shall be prepared by a Land Surveyor registered in Wisconsin illustrating new principal structure's location on lots less than five (5) acres in size. All zoning permit applications shall be accompanied by plans drawn to scale, showing the location, actual shape and dimensions of the lot to be built upon and any primary and accessory buildings, the lines within which the building shall be erected, altered or moved, the existing and/or intended use of each building or part of a building and the number of families and/or employees the building is intended to accommodate. Include floodplain, wetlands, environmental corridors, easements and such other information with regard to the lot and neighboring lots or buildings as may be necessary to determine and provide for ordinance enforcement. Adequate driveway access and off-street parking stalls must be provided in accordance with Sec. 20-1088, Racine County Code of Ordinances. In addition, if a private sewage system exists, the location of the tank(s), system and vent shall be shown on the plan with setback distances to the closest part of the proposed construction.

All dimensions shown relating to the location and size of the lot shall be based upon an actual survey. Lot area shall not contain road right-of-way. NOTE: All street yard, side yard, and rear yard setbacks shall be measured from the closest property lines. Shore yard setbacks shall be measured from the closest point of the ordinary highwater mark of a navigable body of water. All elevations shall be provided in mean sea level datum.

All zoning permits issued pursuant to this ordinance are valid for nine (9) months unless substantial construction has commenced and is continuing, otherwise such zoning permits shall become null and void and a new zoning permit is required. It is the responsibility of the applicant to secure all other necessary permits required by any federal, state or local agency. The issuance of a zoning permit is not a guaranty or warranty that the requirements have been met for other necessary permits, or that the site is otherwise suitable for construction.

**NOTICE: YOU ARE RESPONSIBLE FOR COMPLYING WITH STATE AND FEDERAL LAWS CONCERNING CONSTRUCTION NEAR OR ON WETLANDS, LAKES, AND STREAMS. WETLANDS THAT ARE NOT ASSOCIATED WITH OPEN WATER CAN BE DIFFICULT TO IDENTIFY. FAILURE TO COMPLY MAY RESULT IN REMOVAL OR MODIFICATION OF CONSTRUCTION THAT VIOLATES THE LAW OR OTHER PENALTIES OR COSTS. FOR MORE INFORMATION, VISIT THE DEPARTMENT OF NATURAL RESOURCES WETLANDS IDENTIFICATION WEB PAGE OR CONTACT A DEPARTMENT OF NATURAL RESOURCES SERVICE CENTER. See DNR web site <http://dnr.wi.gov/wetlands/locating.html> for more information.**

**ADDITIONAL ZONING PERMIT STIPULATIONS (check all that apply)**

- Proposed structure is for owner residential use only and not to be used for human habitation or separate living quarters. No business, commercial or industrial use is allowed.
- All disturbed soils must be reseeded and mulched or sodded immediately upon completion of project.
- Must install the following within 14 days of completion of roof: gutters and downspouts which outlet onto splashblocks or into drain tiles; or a hard surface material that extends at least 16" beyond the dripline of the structure.
- All excess soil not used for backfilling project must be removed from the shoreland area within 10 days of excavation.
- A hard surface material must be placed beneath the deck to prevent soil erosion.
- All existing yard grade elevations will remain unchanged.
- Firmly anchor, no floor < \_\_\_\_\_'; Buoyant, flammable, explosive or injurious materials/utilities/electric & 1<sup>st</sup> floor ≥ \_\_\_\_\_'