

APPLICATION FOR ZONING PERMIT
RACINE COUNTY, WISCONSIN (Rev. 02/22)

PERMIT NO. _____
 DATE PERMIT ISSUED _____

OWNER Joshua Kramsky
 Mailing Address 14918 Washington Ave

APPLICANT Joshua Kramsky
 Mailing Address 14918 Washington Ave

Union Grove WI 53182
 City State Zip

Union Grove WI 53182
 City State Zip

Phone 262-620-0305

Phone 262-620-0305

Email joshua.kramsky@gmail.com

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Parcel Id. # 194032112060006

Site Address 14918 Washington Avenue

Municipality Yorkville Section(s) 12 Town 03 North, Range 21 East

Lot — Block — Subdivision Name — CSM # —

Proposed Construction/Use Storage of two (2) dump trucks within an existing Pole Barn

New Addition	<input checked="" type="checkbox"/>	Principal Bldg.	___	Size (___ x ___)	(___ x ___)	(___ x ___)
Alteration	___	Accessory	___	Area (sq ft)	(___)	(___)
Conversion	___	Deck	___	Peak Ht. (ft.)	___	100-Yr. Floodplain Elev. ___
Temporary	___	Sign	___	Eave Ht. (ft.)	___	Flood Protection Elev. ___
	___	Other <u>Parking</u>	___	Building Ht.-Avg. (ft.)	___	

Contractor Self Est. Value w/Labor \$ 800.00 ZONING DISTRICT A-2 (Process)

Existing Nonconforming?	N/A <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 st	___	___
Mitigation or Buffer Needed?	___	Yes ___ No <input checked="" type="checkbox"/>	Street-2 nd	___	___
Structure in Floodplain? (per map)	___	*Yes ___ No <input checked="" type="checkbox"/>	Side-1 st	<u>N/A</u>	___
*Structure's Fair Market Value \$	<u>N/A</u>	Cumulative % ___	Side-2 nd	___	___
*>50% of Fair Market Value?	N/A <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Shore	___	___
Structure in Wetland? (per map)	___	Yes ___ No <input checked="" type="checkbox"/>	Rear	___	___
Substandard Lot?	___	Yes ___ No <input checked="" type="checkbox"/>	Total Acc. Structures	___	___
BOA Variance Needed?	___	Yes ___ No <input checked="" type="checkbox"/>	Date of Approval	___	___
<u>Conditional Use</u> /Site Plan Needed?	___	Yes <input checked="" type="checkbox"/> No ___	Date of Approval	___	___
Shoreland Contract Needed?	___	Yes ___ No <input checked="" type="checkbox"/>	Date of Approval	___	___

Additional Zoning Permit Stipulations Listed on Back of this Form? Yes ___ No (If "Yes," see back)

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: \$ 475.00 Joshua Kramsky 6/7/2024
 CC Date/Check#/Cash 1272 Signature of Owner /Applicant/Agent Date

Shoreland Contract Fee Pd: \$ _____ Joshua Kramsky
 CC Date/Check#/Cash _____ Print Name(s)

Zoning Permit Fee Pd: \$ 250.00 _____
 CC Date/Check#/Cash _____ Notes (revisions, extensions, etc.)

Other: _____ Pd: \$ _____ JTM
 if shoreland erosion review fee is included above Zoning Administrator (Staff Initials)

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


PIN 1940321-12-060006

Staff Use Only

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

- 1) Sanitary Permit # 432160 Date issued 8-7-2003 Year installed 2003 Failing? No
- 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 No modification of waste water load.

POWTS Inspector's Signature: _____


1291959

Date: 7-8-2024

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 & 1st floor ≥ ___'