

CONDITIONAL USE / SITE PLAN REVIEW APPLICATION

Village of Yorkville, Wisconsin

Owner: Matthew Allgood, Maddie Homok, Nicholas Allgood, and Renee Wurster
Municipality: Yorkville

Applicant/Agent: Matthew Allgood
Zoning district(s): A-2

TO THE VILLAGE OF YORKVILLE PLAN COMMISSION:

The undersigned requests a conditional use / site plan review permit to (specify use, project, structure, size, etc.)

Operate a rural home-based business, including the storage and maintenance of landscaping vehicles and equipment, associated with a tree care business known as Precision Home Care, LLC

AT (site address): 1610 53rd Drive

Subdivision: N/A Lot(s): CSM 3040 Block: N/A

Parcel #: 19403211014113 Section(s): 11 T03N R21E

If served by municipal sewer, check here: Sanitary permit #: 531516

Attached are:

- X zoning permit application X hearing/review fee (Fees are non-refundable, and re-publication/amendment fees will be charged where applicable.)
- X 12 SETS: drawn-to-scale site plan that is based on a survey (10 of the 12 should be sized or folded to 8.5" x 11") letter of agent status X 3 SETS: landscaping/lighting plan X 12 SETS: report/cover letter and operations plan X abutting property owners' names and mailing addresses X other

print name: Matthew Allgood e-mail address: Allgood234@aol.com

address: 1610 / 1612 53rd DR telephone #: (414) - 898 - 1709

Union Grove WI 53182

signed: Matthew Allgood

STAFF USE ONLY:

BASED ON CURRENT MAPPING, check applicable statement(s) below & underline or circle the word "all" or "partially".

- N/A The property is all / partially located in the N/A shoreland area.
- N/A The project is all / partially located in the N/A shoreland area.
- N/A The property is all / partially located in the N/A floodplain.
- N/A The project is all / partially located in the N/A floodplain.
- N/A The property is all / partially located in the wetland.
- N/A The project is all / partially located in the wetland.

The applicant is subject to the following Racine County Ordinance provisions (specify article/section):

Article VI Division 24 A-2, General Farming and Residential District 11; Section 20-1015 Home Based Businesses; and Section 20-1226 Uses Permitted Conditionally
Shoreland contract: yes no X

Public hearing date: October 14, 2024 Site plan review meeting date: N/A

Submittal received by: STM Date petition filed: September 16, 2024

cash or check #: 1203 amount received: \$ 475.00

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

PERMIT NO. _____
 DATE PERMIT ISSUED _____

OWNER Matthew Allgood
 Mailing Address 1612 53rd DR
Union Grove WI 53182
 City State Zip
 Phone (414)-899-1709
 Email Allgood234@aol.com
 Parcel Id. # 194032111014113

APPLICANT Same
 Mailing Address _____
 City State Zip _____
 Phone _____
 Email _____
 Site Address 1610 53rd Drive

Municipality Yorkville Section(s) 11 Town 03 North, Range 21 East
 Lot 1 Block - Subdivision Name - CSM # 3040

Proposed Construction/Use Operate a Rural home-based business, including the storage and maintenance of landscaping vehicles and equipment, associated with a tree care business known as Precision Home Care, LLC

New Principal Bldg. _____ Size (- x -) (- x -) (- x -)
 Addition _____ Accessory _____ Area (sq ft) (-) (-) (-)
 Alteration _____ Deck _____ Peak Ht. (ft.) - 100-Yr. Floodplain Elev. _____
 Conversion _____ Sign _____ Eave Ht. (ft.) - Flood Protection Elev. _____
 Temporary _____ Other Use Building Ht.-Avg. (ft.) -

Contractor - Est. Value w/Labor \$ - ZONING DISTRICT A-2
 Existing Nonconforming? N/A Yes _____ No
 Structure in Shoreland? (per map) Yes _____ No
 Mitigation or Buffer Needed? Yes _____ No
 Structure in Floodplain? (per map) *Yes _____ No
 *Structure's Fair Market Value \$ N/A Cumulative % _____
 *>50% of Fair Market Value? N/A Yes _____ No _____
 Structure in Wetland? (per map) Yes _____ No
 Substandard Lot? Yes _____ No
 BOA Variance Needed? Yes _____ No
 Conditional Use Site Plan Needed? Yes No
 Shoreland Contract Needed? Yes _____ No

Yard Setbacks	Proposed	OK?
Street-1 st		
Street-2 nd		
Side-1 st	N/A	
Side-2 nd		
Shore		
Rear		
Total Acc. Structures		
Date of Approval		
Date of Approval		
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 Matthew Allgood 9/15/24
 CC Date/Check#/Cash 1203 Signature of Owner /Applicant/Agent Date
 Shoreland Contract Fee Pd: \$ _____ MATTHEW ALLGOOD
 CC Date/Check#/Cash _____ Print Name(s)
 Zoning Permit Fee Pd: \$ 1,000.00 Quadruple Zoning Permit Fee per NOV
 CC Date/Check#/Cash _____ Notes (revisions, extensions, etc.)
 Other: _____ Pd: \$ _____ STM

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 1940321-11-014113

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 & 1st floor ≥ _____'