

CONDITIONAL USE / SITE PLAN REVIEW APPLICATION

Village of Yorkville, Wisconsin

Owner: 2118 NORTH SYLVANIA LLC

Applicant/Agent: WE ENERGIES - Blue Burkl

Municipality: V. YORKVILLE

Zoning district(s): B-3(M-3)

TO THE VILLAGE OF YORKVILLE PLAN COMMISSION:

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

Temporary Conditional Use to Occupy the site with vehicles, equipment, and office/storage trailers associated with a WE Energies construction project.

AT (site address): 2118 NORTH SYLVANIA AVE.

Subdivision:

Lot(s): Block:

Parcel # 194032101021000 AND 194032101019000

Section(s) 1 T 3 N R 21 E

If served by municipal sewer, check here:

Sanitary permit #:

Attached are:

☒ zoning permit application

☒ 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

☒ hearing/review fee (Fees are non-refundable, and
re-publication/amendment fees will be charged where
applicable.)
☒ 3 SETS: landscaping/lighting plan
☒ 12 SETS: report/cover letter and operations plan
☒ abutting property owners' names and mailing addresses
other

print name:

address:

e-mail address:

telephone #:

signed:

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.
 The property is all / partially located in the wetland.
 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 29, M-3 Heavy Industrial District, and Sec 20-1226, Uses permitted
Div. 18, B-3 Commercial Service District; Article VI Section 20-1012 Temporary Uses; Conditionally.

Shoreland contract: yes no

Public hearing date: September 14, 2026

Submittal received by: JPL

cash or check #: 4245500

Site plan review meeting date:

Date petition filed: 8/12/2026

amount received: \$ 500.00

APPLICATION FOR ZONING PERMIT

RACINE COUNTY, WISCONSIN (Rev. 02/22)

PERMIT NO. _____

DATE PERMIT ISSUED _____

OWNER 2118 NORTH SYLVANIA LLC

Mailing _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

APPLICANT WE ENERGIES - BILL BURKI

Mailing _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Parcel Id. # 194032101021000
19403210109000Site Address 2118 N. SYLVANIA AVE.Municipality V. OF YORKVILLESection(s) 1Town 3North, Range 21

East

Lot — Block — Subdivision Name _____CSM # —Proposed Construction/Use Temporary Occupancy of existing site with
vehicles, equipment, and office/storage trailers associated with a WE Energies
construction project.

New	☒	Principal Bldg.	Size (<u>—</u> x <u>—</u>) (<u>—</u> x <u>—</u>) (<u>—</u> x <u>—</u>)
Addition	☐	Accessory	Area (sq ft) (<u>—</u>) (<u>—</u>) (<u>—</u>)
Alteration	☐	Deck	Peak Ht. (ft.) <u>—</u> 100-Yr. Floodplain Elev. <u>—</u>
Conversion	☐	Sign	Eave Ht. (ft.) <u>—</u> Flood Protection Elev. <u>—</u>
Temporary	☐	Other <u>Occupancy</u>	Building Ht.-Avg. (ft.) <u>—</u>

Contractor _____

Est. Value w/Labor \$ —ZONING DISTRICT B-3/M-3

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

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: \$ 500.00CC Date/Check#/Cash 4245500

Signature of Owner /Applicant/Agent _____

8/4/26

Date

Shoreland Contract Fee Pd: \$ _____

CC Date/Check#/Cash _____

Print Name(s) _____

Zoning Permit Fee Pd: \$ 265.00

CC Date/Check#/Cash _____

Notes (revisions, extensions, etc.) _____

Other: _____

✓ ☐ if shoreland erosion review fee is included above

Zoning Administrator _____

(Staff Initials) JPL

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

RECEIVED

AUG 12 2026

RACINE COUNTY

PIN 1940321 - 01 - 021000

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 ≥ ____'