



Zoning Permit Application
Town of Mukwonago

Version: December 28, 2020

Town of Mukwonago
W320 S8315 Beulah Road
Mukwonago, WI 53149

OFFICE USE ONLY

Application Number: _____ Fee Paid: \$ _____ Fee Received By: _____ Date Received: _____

Parcel Number: MUKT2006002 Property Address: s105w30933 Phantom View Dr

	<u>Property Owner</u>	<u>Agent (if any)</u>
Name	<u>Mark Behling</u>	<u>Samantha Hartman</u>
Street address	<u>s105w30933 Phantom View Dr</u>	<u>29 E. Stephenson St</u>
City, state, zip code	<u>Mukwonago, WI 53149</u>	<u>Freeport, IL 61032</u>
Daytime telephone	<u>262-378-9015</u>	<u>224-267-9274</u>
Email address	<u>mtownmark@aol.com</u>	<u>sam@revampfence.com</u>

General description of proposed project:

Resurfacing existing 287 SQ FT deck - Framing and Foundation will remain the same. Installing 46 LF of railing. Also, building 4 new steps.

Zoning Information

Zoning District(s) (check all that apply)

- C-1 Conservancy
- A-1 Agricultural
- RH Rural home
- SE Suburban estates
- R-1 Residential
- R-2 Residential
- B-2 Local business
- P-1 Public
- PUD: _____
- EC Environmental corridor (overlay)
- HS Hydric soils (overlay)

Setbacks and Offsets

- Front-yard setback: _____ feet from building foundation to base setback line (road right-of-way)
- Side-yard offset: _____ feet from building foundation to _____ property boundary line
- Side-yard offset: _____ feet from building foundation to _____ property boundary line
- Rear-yard offset: _____ feet from building foundation to _____ property boundary line
- EC setback: _____ feet from building foundation to Environmental Corridor District (if any)
- C-1 setback: _____ feet from building foundation to Conservancy District (if any)

For assistance in the zoning districts please visit: <https://townofmukwonago.zoninghub.com/home.aspx>

Floor Area of Buildings (in square feet from exterior wall to exterior wall)

	<u>Existing</u>	<u>Proposed</u>
Principal building (first floor)	<u>287</u>	<u>287</u>
Principal building (second floor)	_____	_____
Attached garage	_____	_____
Detached building (#1)	_____	_____
Detached building (#2)	_____	_____
Total	_____	_____

Sanitary Permit No. (Buildings requiring sanitation only): _____

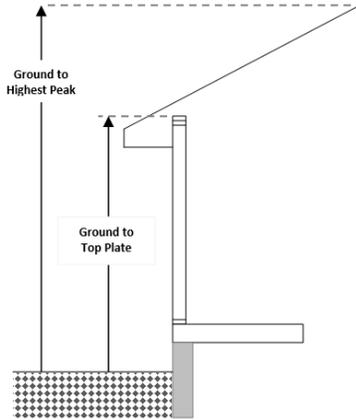
New Building with a Basement

- Elevation of top of foundation _____ (This should be shown on the grading plan.)
- Elevation of top of basement floor _____ (This should be shown on the grading plan.)
- Elevation of top of footing _____ (This should be shown on the grading plan.)
- Elevation of seasonal high-water table _____ (This is listed in the Seasonal High Groundwater Determination Report.)

Note: The top of the basement floor must be one foot or more above the seasonal high-water table.

Height of Proposed Building(s)

	Building 1		Building 2		Building 3	
	Ground to Top Plate	Ground to Highest Peak	Ground to Top Plate	Ground to Highest Peak	Ground to Top Plate	Ground to Highest Peak
Front						
Left						
Right						
Rear						



Applicant certification

- I certify that all of the information in this application, along with any attachments, are true and correct to the best of my knowledge and belief.
- I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials or view it online.
- I understand that the Zoning Administrator will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be scheduled for review until it is deemed to be complete.

Property Owner Signature(s):

Samantha Hartman

Date:

2/19/2026