

Town of West Bend - Washington County, Wisconsin
APPLICATION for CONDITIONAL USE PERMIT

Name of Property Owner: Steven L Yahr and Carmel R. Yahr Living Trust

Address: 5116 Wickert Drive West Bend

Phone: (262) 305-6204 Email: steveyahr@charter.net

Name of Applicant (if different from Property Owner): _____

Address: 11810 N. Wasaukee Road Mequon, WI 53097

Phone: (262) 305-6204 Email: steveyahr@charter.net

Property Description:

Tax Key #(s) 1690800 Current Zoning: R-1S

Property is currently used for the following purposes: residence

Specify the requested Conditional Use: addition on to nonconforming use due to setbacks
as provided for in Section: _____ of Chapter 17: Zoning Regulations.

The Conditional Use Permit is requested so that the property may be used in the following specific manner or for the following specific purposes: residence

Additional Comments (if any) existing structure encroaches in to established sideyard setback on the north elevation

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Application Checklist:

(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Conditional Use Permit until all of the information below, as required under Chapter 17.5.03 of the Zoning Ordinance, is submitted as attachment to this Application. Please confirm inclusion of the required information by checking each item below).

- ___ Names and addresses of the applicant, owner of the site, architect, professional engineer, contractor, and all opposite and abutting property owners of record.

- ___ Description of the Subject Site by lot, block, and recorded subdivision or by metes and bounds; address of the subject site; type of structure; proposed operation or use of the structure or site; number of employees; and the Zoning District within which the subject site is located.

- ___ For floodland Conditional Uses, such description shall also include information that is necessary for the Plan Commission to determine whether the proposed development will hamper flood flows, impair floodplain storage capacity, or cause danger to human or animal life. This additional information may include plans, certified by a registered professional engineer or land surveyor, showing elevations or contours of the ground; fill or storage elevations; first floor elevations of structures; size, location, and spatial arrangement of all existing and proposed structures on the site; location and elevation of streets, water supply, and sanitary facilities; photographs showing existing land uses and vegetation upstream and downstream; soil types; and other pertinent information.

- ___ A Plat of Survey prepared by a registered land surveyor showing all of the information required under Chapter 236 Wis. Stats.; the mean and historic high water lines and floodlands on or within 40 feet of the subject premises; and, existing structures, paving, and landscaping.

- ___ Additional Information as may be required by the Plan Commission, Zoning Secretary, or Zoning Administrator.

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Application Fee:
(\$500.00)

Check Number: Cash

Amount: 500.00 pd.

Applicant Signature: Steve Gahn Date: 3/17/26

Town Clerk Signature: Julie Shlenfeld Date: 3/18/2026

Professional Services Fee:

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: _____ Date: _____

