

Village of Mukwonago  
440 River Crest Ct  
Mukwonago, WI 53149  
Phone: (262) 363-6420  
Fax: (262) 363-6425  
[www.villageofmukwonago.com](http://www.villageofmukwonago.com)

# VILLAGE OF MUKWONAGO

## HISTORIC PRESERVATION REVIEW APPLICATION

Application Fee: \$20

Date Submitted: \_\_\_\_\_

### CONTACTS

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#### Zoning and Planning Department

Contact: Ben Kohout  
Phone: (262) 363-6420 ex 2111  
Fax: (262) 363-6425  
Email: [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com)

#### Inspection Department

Contact: Robert Harley  
Phone: (262) 363-6419  
Fax: (262) 363-6425  
Email: [bharley@villageofmukwonago.com](mailto:bharley@villageofmukwonago.com)

### GUIDELINES

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The undersigned petition is to consider a request, as stated herein, for the specified parcel(s) of land and will be reviewed by the Historic Preservation Commission of the Village of Mukwonago. The Plan Commission currently serves the role of the Historic Preservation Commission.

To ensure the proposal will be properly reviewed, the application must be submitted **at least 10 days prior to the meeting** in which the Historic Preservation Commission will consider the matter. The Historic Preservation Commission meets on the second Tuesday of each month at 6:30 p.m.

Materials listed on page 2 must be provided to the Village of Mukwonago in accordance with Village Municipal Code Chapter 100, Article III and other pertinent sections of Village ordinances and State Statutes, and as necessary to permit review that is consistent with proper planning practice. The Village will strive to accommodate reasonable requests for informal preliminary staff review, however the Village shall not place any items on the agenda for Historic Preservation Commission consideration until such time as the application is complete in accordance with all requirements specified on this and other attached application forms.

Mail completed applications to: Village Zoning Administrator  
ATTN: Historic Preservation Review  
440 River Crest Ct  
Mukwonago, WI 53149  
Deliver to: Village Clerk's Office  
440 River Crest Ct  
Email to: [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com)

Complete, accurate and specific information must be entered. Please Print.

### APPLICANT (*Full Legal Name*)

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**APPLICANT IS REPRESENTED BY (Full Legal Name)**

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Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**ARCHITECT**

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Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**PROFESSIONAL ENGINEER**

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Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**REGISTERED SURVEYOR**

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Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**CONTRACTOR**

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Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## PROPERTY AND PROJECT INFORMATION

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Present Zoning: \_\_\_\_\_ Tax Key No(s): \_\_\_\_\_

Address/Location: \_\_\_\_\_

Year Built: \_\_\_\_\_ Style: \_\_\_\_\_

Present Use: \_\_\_\_\_ Intended Use: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Other Information about the Property: \_\_\_\_\_

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A. I/We represent that I/we have a vested interest in this property in the following manner:

Owner

Leasehold. Length of Lease: \_\_\_\_\_

Contractual. Nature of contract: \_\_\_\_\_

Other. Please explain

B. Project Entails (List of what the project involves). Please be specific.

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## PROCEDURAL CHECKLIST FOR HISTORIC PRESERVATION REVIEW AND APPROVAL

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**Application Submittal Packet Requirements for Village and Applicant Use** (Check off List). This form is designed to be a guide for submitting a complete application for a historic preservation review.

**Application:**

- Completed application form including the procedural checklist and justification of the proposal
- Application fee: \$20
- Agreement for Reimbursable Services (separate application)

**Other information (when applicable):**

- Accurate photographs/pictures of the property showing existing appearance and proposed improvements, including building elevations and signage
- Materials and colors to be used on the project, including manufacturer names, product numbers, as well as exact sample and color board.
- Heating and air conditioning unit location and size if outside the structure.
- Outside storage, lighting fixtures, light isometrics plan.
- Existing signage along with proposed new sizes, colors and location (on the building, pole or ground mounted).
- Electronic Submittals are required.** Email (or CD ROM) with all plans and submittal materials in Adobe PDF to [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com).
- Any additional information as determined by Village staff.

**Please be aware that a permit from the Village Inspection Office may be necessary**

# CERTIFICATION

Applicant hereby certifies that:

1. All of the above statements and other information submitted as part of this application are true and correct to the best of his or her knowledge.
2. Affirms that no Village of Mukwonago elected or appointed official or employee has a proprietary interest in the above referenced property for which this applications being filed (except as stated below under "Exceptions").
3. None of the above referenced individuals has been promised or given any contract for consultation, planning or construction in relation to this project (except as stated below under "Exceptions").
4. Applicant has read and understands all information in this packet.

Applicant further understands the policies of the Village regarding change of zonings and property development. Conditions of the resolution regarding all approvals are strictly followed. Certificates of Occupancy are not given until all conditions of approval have been met

By the execution of this application, applicant hereby authorizes the Village of Mukwonago or its agents to enter upon the property during the hours of 7:00 am to 7:00 pm daily for the purpose of inspection. Applicant grants this authorization to enter even if this land has been posted against trespassing pursuant to Section 943.13 WI Stats.

*(The applicant's signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below, and a signed property owner's authorization letter may be provided in lieu of the property owner's signature[s] below. If more than one, all of the owners of the property must sign this Application).*

\_\_\_\_\_  
Signature - Property Owner

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Property Owner

\_\_\_\_\_  
Signature – Applicant's Representative

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

| FOR OFFICE USE ONLY             |           |                 |
|---------------------------------|-----------|-----------------|
| Date Paid                       | Receipt # | Meeting Date(s) |
| Comments/Conditions of Approval |           |                 |
| Chair Signature                 |           |                 |