

# Zoning Permit Town of West Bend, Wisconsin

Town of West Bend  
6355 County Hwy Z  
West Bend, WI 53095

Version: September 2, 2024

**OFFICE USE ONLY**      Application Number: \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_ Fee Received By: \_\_\_\_\_

**Instructions:** Fill out this form as it applies to your project. Some parts may not apply.

**Tax Key Number:** \_\_\_\_\_ **Property Address:** \_\_\_\_\_

	<u>Property Owner</u>	<u>Agent (if any)</u>
Name	_____	_____
Street address	_____	_____
City, state, zip code	_____	_____
Daytime telephone	_____	_____
Email address - Both Required	_____	_____

- Project Type (check all that apply)**
- |  |   |
|--|---|
| <input type="checkbox"/> House / addition              | <input type="checkbox"/> Garage on a garage lot                   |
| <input type="checkbox"/> Attached deck / addition      | <input type="checkbox"/> Above-ground swimming pool/elevated deck |
| <input type="checkbox"/> Accessory building / addition | <input type="checkbox"/> In-ground swimming pool                  |
| <input type="checkbox"/> Driveway                      | <input type="checkbox"/> Hot tub                                  |
| <input type="checkbox"/> Patio                         | <input type="checkbox"/> Ground-mounted solar                     |
| <input type="checkbox"/> Fence                         | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Retaining wall                |   |

**General Description of Project**

**Zoning Information** (select all zoning districts that apply)

	R-1N	R-1R	R-1S	R-1S /SMU	B-1	B-2	M-1	C-1	C-2	P-1	EC Overlay
<b>Subject property</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-	-	-	-	-	<input type="checkbox"/>
<b>Abutting on left side</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Abutting on right side</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Abutting on back</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Building Setbacks**

	<u>Minimum Distance per Zoning Code (feet)</u>	<u>Proposed Distance (feet)</u>
Front-yard setback (measured from building foundation to <b>front</b> lot line)	_____	_____
Side-yard setback (measured from building foundation to <b>left</b> lot line)	_____	_____
Side-yard setback (measured from building foundation to <b>right</b> lot line)	_____	_____
Rear-yard setback (measured from building foundation to <b>back</b> lot line)	_____	_____

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

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

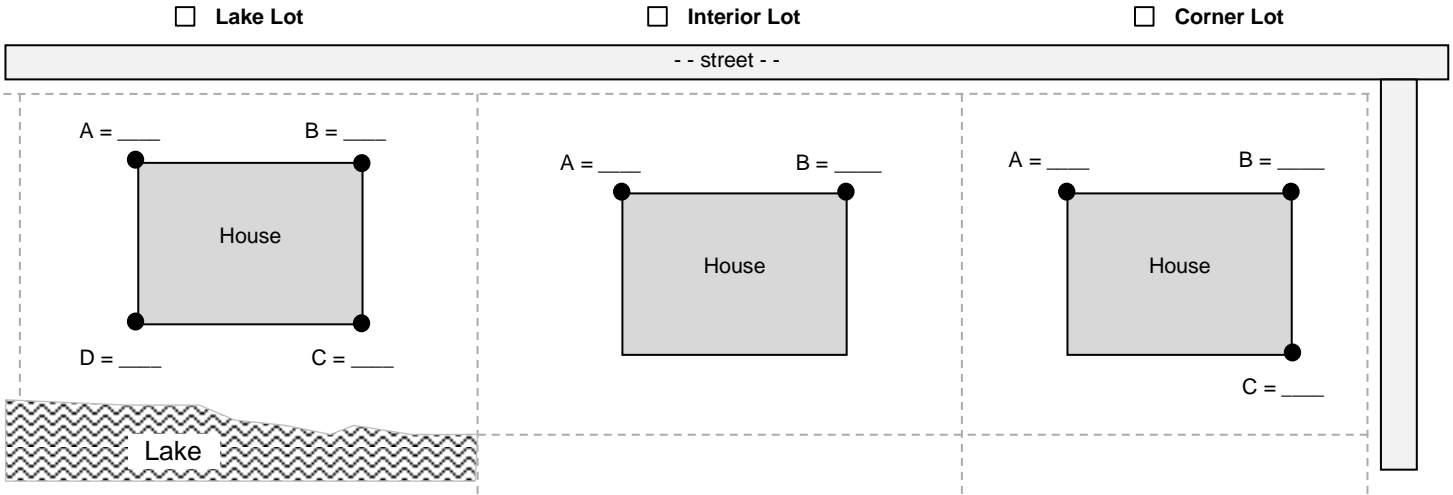
**New Building with a Basement**

Elevation of top of foundation \_\_\_\_\_ (This should be shown on the grading plan.)  
 Elevation of top of footing \_\_\_\_\_ (This should be shown on the grading plan.)

**Type of Basement Exposure**

- Walkout (basement wall includes a walkout door at grade)
- Window lookout exposure (bottom of windows are above grade)
- No exposure (may include small windows near top of wall or full egress windows)

**Height of House** Select the lot type below and provide the building heights as indicated. Building height is measured from the surrounding grade to the highest peak. These should also be shown on the building elevations.



**Grade** Will the project modify the existing grade within 20 feet of any lot line?

- No
- Yes – Please provide a detailed grading plan.

If yes, will the proposed grade within 20 feet of the lot line exceed a slope of 1.5 to 1.

- No
- Yes – Please provide representative cross sections in all such areas.

**Sanitary Permit (if required)**

- Washington County Septic Permit No. \_\_\_\_\_
- Silver Lake Sanitary Permit No. \_\_\_\_\_

**Washington County Shoreland Zoning Permit No.** \_\_\_\_\_ (if required)

**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 fully reviewed until it is deemed to be complete.
- 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 service 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 fee incurred by the Town, even if the request is not approved.

Property Owner Signature(s): (required)

Date:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_