



Zoning Permit Application
Town of Mukwonago

Version: December 28, 2020

\$100.00 Town of

Town of Mukwonago
W320 S8315 Beulah Road
Mukwonago, WI 53149

OFFICE USE ONLY

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

Parcel Number: Property Address:

Property Owner

Agent (if any)

Name: Cynthia Lenicki
Street address: W320S7928 Memory Lane Ct.
City, state, zip code: Mukwonago WI 53149
Daytime telephone: 414-213-7923
Email address: jasonreit3@yahoo.com

General description of proposed project: 23' X 23' single story room addition matching the existing floor level. Sitting room, Bedroom and bathroom

10'3" x 9'9" addition to the kitchen

Both additions are at the same elevation of the existing building. 4' frost walls / footing with a crawl space with concrete pad.

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)

Table with 3 columns: Building Type, Existing, Proposed. Rows include Principal building (first floor), Principal building (second floor), Attached garage, Detached building (#1), Detached building (#2), and Total.

Sanitary Permit No. (Buildings requiring sanitation only):

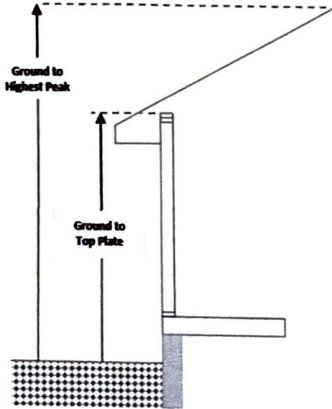
New Building with a Basement

- Elevation of top of foundation Matching (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	_____	_____	_____	_____	_____	_____



SEE ATTACHED PLANS

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):

[Handwritten Signature]

Date:

10/24/24