

Town of Mukwonago W320 S8315 Beulah Road Mukwonago, WI 53149

OFFICE USE ONLY Application Number:	Fee Paid	\$ 55 - Eee Becei	ived By: KM	weller Dat	e Received: 10/29/24		
Parcel Number:					1 _ 1		
Parcer Number.							
	Property Owner	100	3 00 04	Agent (if any)	2-501-0074		
Name	Collee	n MARC	LONI	200	06 7		
Street address	1- /	. , , ,	-31210		none		
City, state, zip code	M who	nago, Wio	1. 63177				
Daytime telephone				_			
Email address							
General description of pro	posed project:						
Zoning Information							
Zoning District(s) (check al	ll that apply)	Setbacks and Offset	rs				
☐ C-1 Conservancy		Front-yard setback: _	feet from buil	ding foundation to base	e setback line (road right-of-way)		
☐ A-1 Agricultural ☐ RH Rural home		Side-yard offset:	feet from buildir	ng foundation to	property boundary line		
☐ SE Suburban estates	S	Side-yard offset:	feet from buildir	ng foundation to	property boundary line		
☐ R-1 Residential ☐ R-2 Residential		Rear-yard offset:	feet from buildi	ng foundation to	property boundary line		
☐ R-2 Residential ☐ B-2 Local business		EC setback:	feet from building fo	oundation to Environme	ntal Corridor District (if any)		
P-1 Public		C-1 setback:	feet from building fo	undation to Conservan	cy District (if any)		
☐ PUD:	· · · · · · · · · · · · · · · · · · ·						
☐ EC Environmental co☐ HS Hydric soils (over							
For assistance in the zoning	• /	: https://townofmukwona	igo.zoninghub.com/l	home.aspx			
Floor Area of Buildings (in s	couare feet from exte	erior wall to exterior wall)	1				
, ioo, viida oi Danaingo (iii o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Existing	Prop	osed			
Principal building (first floor)	:0						
Principal building (second flo	oor)		× *		 -		
Attached garage	8						
Detached building (#1)			\				
Detached building (#2)							
3, ,	Total						
Sanitary Permit No. (Building	gs requiring sanitatio	on only):					
New Building with a Basem	ent						
Elevation of top of foundatio		(Th	is 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.

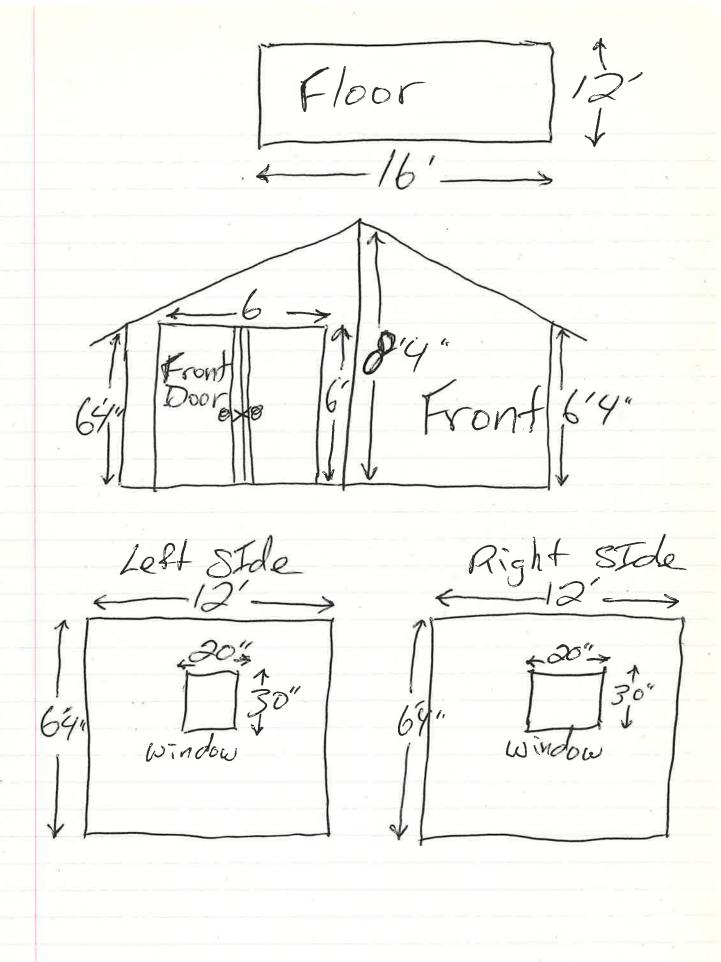
Preliminary Site Evaluation Application

Wankesha County Department of Parks & Land Use, Environmental Health Division

515 W. Moreland Blvd., Room AC260 Wankesha, WI 53188 262-896-8300 FAX: 262-896-8298

Date:	Date: Name of Property Owner: Colleen MARconi							
Property Location:			City, Town, Village of:					
Telephone: Home#:	Work#:	Contractor Nam	Contractor Name:					
Mailing Address & Zip:		Phone: FAX:						
Improvement Description:								
(Indicate the Improvement Option that applies - "A", "B" or "C")								
Option A – Please check from the list below:								
() Swimming Pool () Wood Deck () Pole Building () Outbuilding () Garage () Other								
Attach survey, blueprints or plans to this application showing the dimensions and location of the proposed improvement on the property. Option B								
() Building Addition and /or remode		() Land Division:						
No change in number of bedroom		Creation of new land parcels that include an existing building						
	ear balls are	served by a private sewage system.						
Provide a description of the building an	d/or remodeling project.							
		Provide a survey she	Provide a survey showing the proposed land division, building location and the location of septic tank and soil absorption areas.					
	Onti	on C	on of separ tank and got dostipator areas.					
() Residential: Building Addition an			ial: Building addition and/or remodeling that					
result in an increase in number of t	8 7 2	will result in an increase, decrease or change of building use						
		or operation. Plea	se check the appropriate box below:					
Existing number of bedrooms:		Increase in Buildi	ng Usage: 🗆 Same Usage: 🗆					
Existing number of bedi bonts.		D						
Proposed number of bedrooms:		Decrease in Buildi	ing Usage: ☐ Change of Use: ☐					
Provide a description of the building and/or remodeling project. Attach a survey, blueprints and/or plans of the proposed improvement or development to this application.								
* May require a soil test pit and profile	evaluation to determine wheth	er the existing private se	wage system is in an area having a high water					
table or bedrock condition. Assuring pr	roper siting and installation of p	orivate sewage systems v	will help prevent contamination of					
groundwater. If the soil profile evalua	tion shows that the private se	wage system is installe	d in unsuitable soils, it is understood that a					
code complying private sewage system	n shall be ordered installed r	gardless of whether a	building permit is issued.					
Private sewage systems that are "failing" by discharging sewage to the ground surface or backing up into the building will be ordered replaced with a code complying private sewage system.								
By signing this form, I state that I am the property owner; I have read the above statement and agree to its conditions. I also give								
permission for a Waukesha County representative to enter my property to determine that the proposed improvement complies with								
Comm. 83, Wisconsin Administrative Code and Waukesha County Sanitary Ordinance.								
Colleen MARCONI Colleen Marcon								
Printed Name of Property Owner Property Owner Signature								
THEFE	-	Th 1. 2	For Department Use Only:					
FEES: To be submitted with application		ss Payable to: ha County"	Received By:					
Option "A" \$45.00	For improvements of	remodeling projects	Date Received:					
Option "B" \$60.00 involving more than		one category, the fee	Fees Due:					
Option "C" \$75.00	will be based on	he greater amount.	Fees Paid:					

Westview et Shed Back Lot Line



Back

