



**Zoning Permit Application**  
Town of Mukwonago

Version: December 28, 2020

Town of Mukwonago  
W320 S8315 Beulah Road  
Mukwonago, WI 53149

**OFFICE USE ONLY**

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

Parcel Number: MUKT1948014 Property Address: W33189200 Heritage Hill Ct

	<u>Property Owner</u>	<u>Agent (if any)</u>
Name	<u>Michael Wegner</u>	<u>Maggie Wegner (White Oak Builders)</u>
Street address	<u>110 Acker Ct.</u>	<u>14 E Main St.</u>
City, state, zip code	<u>Verona, WI 53593</u>	<u>Watertown, WI 53094</u>
Daytime telephone	<u>608-213-0190</u>	<u>262-894-4105</u>
Email address	<u>mjwegner1@gmail.com</u>	<u>Maggie@whiteoakbuild.com</u>

General description of proposed project:  
New Construction Residential Home  
(Single Family)

**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: 25 feet from building foundation to base setback line (road right-of-way)  
 Side-yard offset: 8 feet from building foundation to \_\_\_\_\_ property boundary line  
 Side-yard offset: 8 feet from building foundation to \_\_\_\_\_ property boundary line  
 Rear-yard offset: 25 feet from building foundation to \_\_\_\_\_ property boundary line  
 EC setback: N/A feet from building foundation to Environmental Corridor District (if any)  
 C-1 setback: N/A 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)**

	<u>Existing</u>	<u>Proposed</u>
Principal building (first floor)	_____	<u>1995</u>
Principal building (second floor)	_____	_____
Attached garage	_____	<u>1254</u>
Detached building (#1)	_____	_____
Detached building (#2)	_____	_____
<b>Total</b>	_____	<u>3249</u>

Sanitary Permit No. (Buildings requiring sanitation only): 658878

LOT - 1005

**New Building with a Basement**

Elevation of top of foundation 1007 (This should be shown on the grading plan.)  
 Elevation of top of basement floor 998 (This should be shown on the grading plan.)  
 Elevation of top of footing 997.7 (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.



# Town of Mukwonago

W320 S8315 Beulah Road  
Mukwonago, WI 53149  
www.TownOfMukwonago.us  
Phone (262)363-4555 Fax (262)363-8377

## TOWN OF MUKWONAGO PROFESSIONAL SERVICES REIMBURSEMENT NOTICE

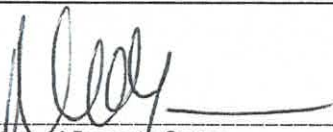
Pursuant to the Municipal Code of the Town of Mukwonago, Wisconsin, Section 2-2 and 2-3, the Town of Mukwonago Town Board has determined that whenever the services of the Town Attorney, Town Engineer, Town Planner, or any other of the Town's professional staff results in a charge to the Town for that professional's time and services and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town to the property owner incurring those fees, even if the request is not approved. Also, be advised that pursuant to the Municipal Code of the Town of Mukwonago, Wisconsin, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved. Imposition of any fees, costs, or charges; however, is subject to the property owner's appeal rights as described in said Municipal Code of the Town of Mukwonago, Wisconsin,

I, the undersigned, have been advised that pursuant to said Municipal Code of the Town of Mukwonago, Wisconsin, if the Town Attorney, Town Engineer, Town Planner, or any other Town professional provides services to the Town because of my activities, whether at my request or at the request of the Town, **I shall be responsible for the fees incurred by the Town, even if the request is not approved.** In addition, I have been advised that pursuant to said Municipal Code of the Town of Mukwonago, Wisconsin, certain other fees, costs, and charges are my responsibility even if the request is not approved. By signing this document; however, I am not waiving my appeal rights that are described in said Municipal Code of the Town of Mukwonago, Wisconsin.

### PLEASE PRINT LEGIBLY

#### Name and Billing Address of Property Owner responsible for any outstanding Invoicing

Billing: Michael Wegner	Phone #
110 Acker Ct.	Cell # 608-213-0190
Verona, WI 53593	E-mail mjwegner1@gmail.com
Address of property if different than above	W33159200 Heritage Hill Ct.
Tax Key Number of the Property involved in the Request:	MUKT 1948014
Description of project:	New Residential Home

  
Signature of Property Owner

11/8/24  
Date

  
Signature of Authorized Agent

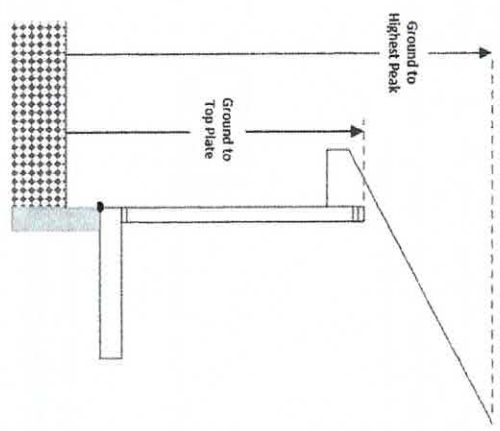
11-18-24  
Date

Signature of Town Official

Planner \$140/hr  
Attorney \$216/hr  
Engineer up to \$150/hr

Height of Proposed Building(s)

	Building 1	Building 2	Building 3
	Ground to Top Plate	Ground to Highest Peak	Ground to Highest Peak
Front	12'	25'	
Left	12'	25'	
Right	16'	29'	
Rear	12'	25'	



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:

11/8/24



RECEIVED

NOV 08 2024

Department of Safety & Professional Services, Industry Services Division

County Waukesha  
Sanitary Permit Number (to be filled in by Co.)

658878

PARKS AND LAND USE

Sanitary Permit Application

State Transaction Number  
241113  
Project Address (if different than mailing address)

W 331 S 9200  
Heritage Hill Ct.

In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

I. Application Information - Please Print All Information

Property Owner's Name  
Michael Wegner

Parcel #  
MUKT1948014

Property Owner's Mailing Address  
110 Acker Ct.

Property Location  
Govt. Lot \_\_\_\_\_  
NE 1/4, SE 1/4, Section 19

City, State  
Verona, WI  
Zip Code  
53593  
Phone Number \_\_\_\_\_

Subdivision Name  
Heritage Hill Estates  
City of \_\_\_\_\_  
Village of \_\_\_\_\_  
Town of Mukwonago

II. Type of Building (check all that apply)  
 1 or 2 Family Dwelling - Number of Bedrooms 4  
 Public/Commercial - Describe Use \_\_\_\_\_  
 State Owned - Describe Use \_\_\_\_\_

Lot #  
1  
Block # \_\_\_\_\_  
CSM Number \_\_\_\_\_

III. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.)

A.	<input checked="" type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Other Modification to Existing System (explain)	<input type="checkbox"/> Additional Pretreatment Unit (explain)		
B.	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> In-Ground (conventional)	<input type="checkbox"/> At-Grade	<input checked="" type="checkbox"/> Mound	<input type="checkbox"/> Individual Site Design	<input type="checkbox"/> Other Type (explain)
C.	<input type="checkbox"/> Renewal Before Expiration	<input type="checkbox"/> Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Transfer to New Owner	List Previous Permit Number and Date Issued	

IV. Dispersal/Treatment Area and Tank Information:

Design Flow (gpd)	Design Soil Application Rate (gpd/sf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation						
<u>600</u>	<u>1.0 sand</u>	<u>600</u>	<u>600</u>	<u>112.50</u>						
Tank Information	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	<u>1000-300</u>		<u>1300</u>	<u>1</u>	<u>Dalmery</u>	<input checked="" type="checkbox"/>				
Dosing Chamber	<u>750</u>		<u>750</u>							

V. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print) Thomas E. Gallitz Plumber's Signature [Signature] MP/MPRS Number 227300 Business Phone Number (920) 699-9347  
 Plumber's Address (Street, City, State, Zip Code) N131 Cty Rd V Johnson Creek, WI 53038

VI. County/Department Use Only

Approved  Disapproved  Owner Given Reason for Denial  
 Permit Fee \$1133.00 Date Issued 11-18-24 Issuing Agent Signature Skylar Behm/MS

Conditions of Approval/Reasons for Disapproval

\* New stamped survey

Under the Waukesha County Sanitary Ordinance your septic (and lift pump) tank will require pumping and inspection every three (3) years.

WAUKESHA COUNTY

NO. 658878

# STATE SANITARY PERMIT

TRANSFER/RENEWAL PREVIOUS NO. \_\_\_\_\_

OWNER Michael Wigner & Relentless Properties LLC

PLUMBER Thomas Gallite LIC.# 22730

TOWN OF Mukwonago

SEC 19, T S N, R 18 E/W

AND/OR LOT 1 BLOCK

Heritage Hills Estates SUBDIVISION

Slyler Bam/MS AUTHORIZED ISSUING OFFICER - DATE 11

THIS PERMIT EXPIRES \_\_\_\_\_ UNLESS RENEWED BEFORE THAT DATE

### CHAPTER 145.135 (2) WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
  - (b) The approval of the sanitary permit is based on regulations in force on the date of approval.
  - (c) The sanitary permit is valid and may be renewed for a specified period.
  - (d) Changed regulations will not impair the validity of a sanitary permit.
  - (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
  - (f) The sanitary permit is transferable.
- History: 1977 c. 168; 1979 c. 34.221; 1981 c. 314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

## POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT DURING CONSTRUCTION

Join the Waukesha County  
Sanitary Permitting & WAP  
Regulatory Committee