



# 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: MUKT1908012 Property Address: W311S7691 Karen Ct.

	Property Owner	Agent (if any)
Name	<u>Kris &amp; Duane Winchester</u>	_____
Street address	<u>W311S7691 Karen Ct.</u>	_____
City, state, zip code	<u>Mukwonago, WI 53149</u>	_____
Daytime telephone	<u>262-363-5539</u>	_____
Email address	<u>timelessties@gmail.com</u>	_____

### General description of proposed project:

24' X 24' detached garage that already existed from years prior is to be renovated, structure only. The slab foundation will stay the same (existing).

### 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: 51.7' 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)

	Existing	Proposed
Principal building (first floor)	_____	_____
Principal building (second floor)	_____	_____
Attached garage	_____	_____
Detached building (#1)	<u>576</u>	<u>576 (nothing changes)</u>
Detached building (#2)	_____	_____
Total	<u>576</u>	<u>576</u>

Sanitary Permit No. (Buildings requiring sanitation only): \_\_\_\_\_

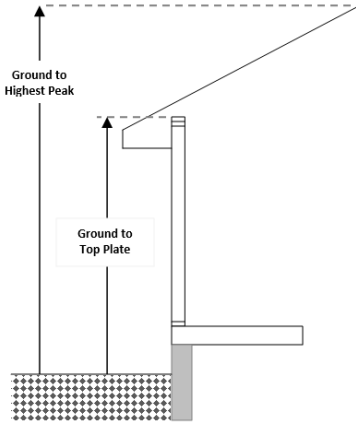
### New Building with a Basement

- Elevation of top of foundation \_\_\_\_\_ (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)**

	<b>Building 1</b>		<b>Building 2</b>		<b>Building 3</b>	
	<b>Ground to Top Plate</b>	<b>Ground to Highest Peak</b>	<b>Ground to Top Plate</b>	<b>Ground to Highest Peak</b>	<b>Ground to Top Plate</b>	<b>Ground to Highest Peak</b>
Front	_____	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____	_____
Right	_____	_____	_____	_____	_____	_____
Rear	_____	_____	_____	_____	_____	_____



**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):

\_\_\_\_\_

\_\_\_\_\_

Date:

3/21/25

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