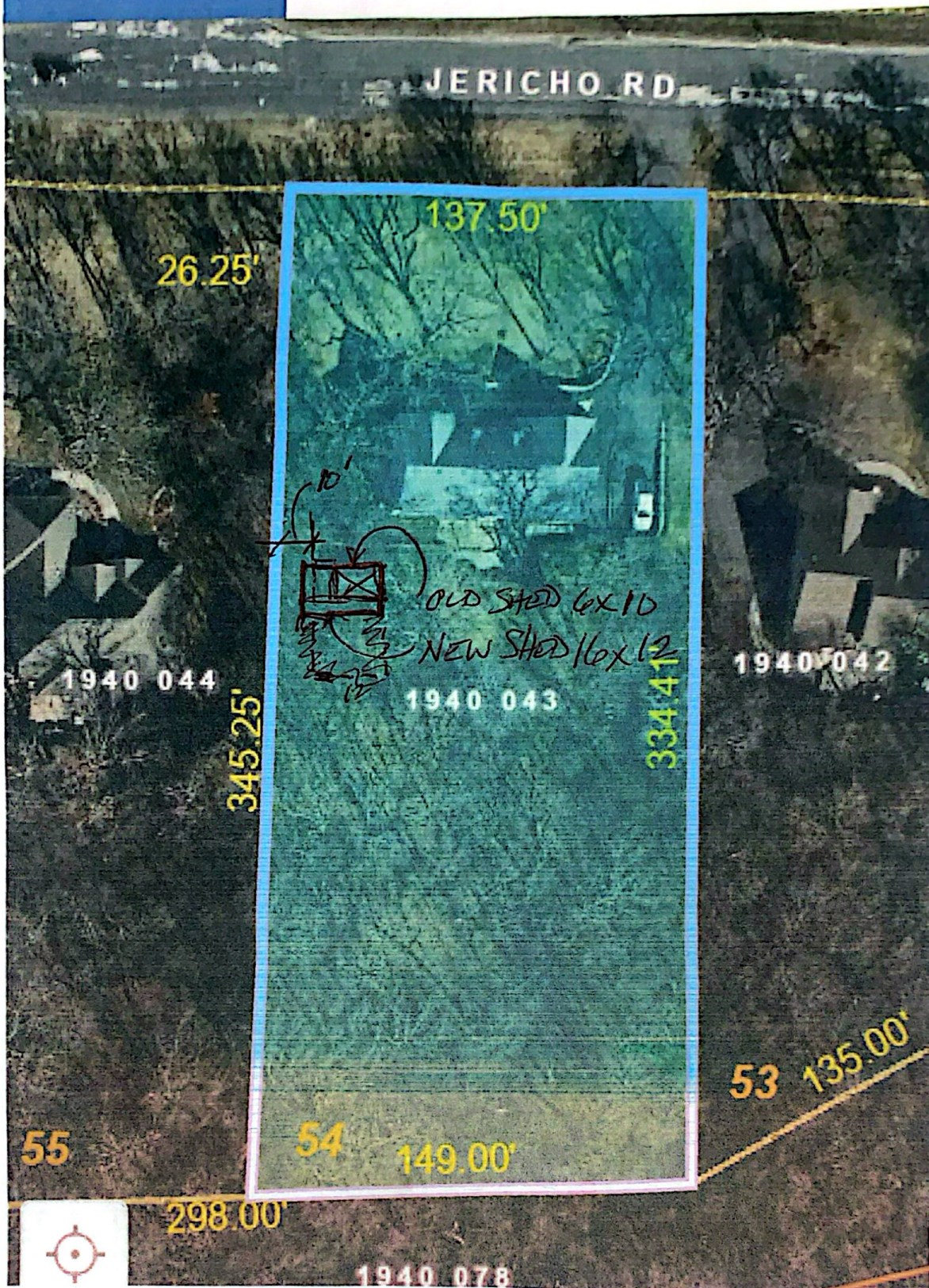


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Zoning Permit Application Town of Mukwonago

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: _____ Property Address: 584 W 32377 JERICHO RD

	Property Owner	Agent (if any)
Name	<u>KEVIN & KRISTY STOLL</u>	_____
Street address	<u>584 W 32377 JERICHO RD.</u>	_____
City, state, zip code	<u>MUKWONAGO, WI 53149</u>	_____
Daytime telephone	_____	_____
Email address	_____	_____

General description of proposed project: REPLACING EXISTING GARDEN SHED W/ NEW 16'X12' SHED.

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)

For assistance in the zoning districts please visit:

Setbacks and Offsets

Front-yard setback: _____ feet from building foundation to base setback line (road right-of-way)

Side-yard offset: 10 feet from building foundation to WEST 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)

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>1600</u>	<u>1920</u>
Detached building (#2)	_____	_____
Total	_____	_____

Sanitary Permit No. (Buildings requiring sanitation only): N/A

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.)

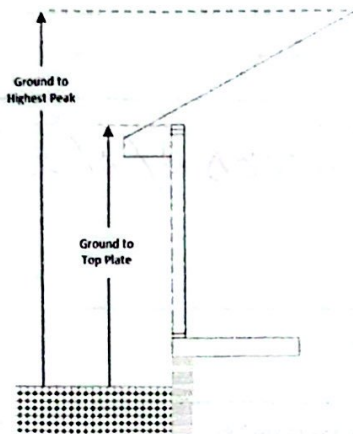
Elevation of top of footing _____ (This should be shown on the grading plan.)

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)

	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	9'0"	10'6"				
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:

6-23-25