

Rec # 506-720



# BOARD OF APPEALS VARIANCE APPLICATION

**Applicant** (Please print or type)

Date: 4-29-25

Name: Jim Fox

Business Name: Deck It Out, LLC

Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Phone: [Redacted] Email: [Redacted]

**Property Owner** (This section can be left blank if same as above)

Name: Nathan Schwartz

Business Name:

Address: 5712 Old Oak Rd.

City: Caledonia State: WI Zip: 534102

Phone: [Redacted] Email:

☐ Request for Variance

Generally Describe the Variance Request Here:

We propose to do a 24'x36' detached garage which is considered front yard due to positioning of house on lot. This lot is considerably lower than the house in back and on the side. They put swales on much of the property to control water leaving us with this location. We think keeping previous ground closest to the swales is necessary.

☐ Request for Interpretation of Zoning Ordinance and Reversal of Order, Requirement, Decision, or determination of Administration Official.

Attach a separate sheet listing reasons why you claim this order, requirement, decision, or determination is erroneous.

Location/Address: 5712 Old Oak Rd. Tax Key Number(s): 104042212058020

I certify that I have included all applicable submittal data and \$450 Filing Fee as outlined on the Board of Appeals Procedures sheet along with three (3) scaled hard copies and a full pdf digital file: Yes ☐

I hereby certify that I have read and fully understand the variance and developer's deposit procedures and failure to comply with the Village requirements will result in this application being withheld from consideration by the Village.

Nathan Schwartz  
Signature of Property Owner

Nathan Schwartz  
Print Name

5/29/25  
Date

Jim Fox  
Signature of Applicant (Working as Agent for owner)  
VILLAGE OF CALEDONIA

Jim Fox  
Print Name

4-29-25  
Date

MAY 28 2025  
RECEIVED

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Robert J. Wetzel  
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