

Site Plan Review - Residential Town of West Bend, Wisconsin

Version: April 19, 2024

Town of West Bend
6355 County Hwy Z
West Bend, WI 53095

OFFICE USE ONLY

Application Number: _____

Total Fee: \$100.00

Fee Received By: CW

Instructions: Fill out this form as it applies to your project. Some parts may not apply.

Tax Key Number: T13 1180500

Property Address: 5431 German Village Road, West Bend, WI 53095

Property Owner

Agent (if any)

Name Ross & Heidi Anderson

Street address 5431 German Village Road

City, state, zip code West Bend, WI 53095

Daytime telephone (414) 698-7023

Email address - Both Required anderson.ross@att.net

Project Type

- ☐ New house / addition
☐ Attached deck / addition
☐ Accessory building / addition
☐ Fence
☐ Garage on a garage lot

- ☐ Above-ground swimming pool/elevated deck
☐ In-ground swimming pool
☐ Hot tub
☒ Other: Boathouse foundation repair

General Description of Project

Repair crumbling boathouse foundation on existing 100 year old boathouse. There will be no expansion of the structure.

Zoning Information (select all zoning districts that apply)

	R-1N	R-1R	R-1S	R-1S /SMU	B-1	B-2	M-1	C-1	C-2	P-1
Subject property	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	-	-	-	-	-	-
Abutting on left side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abutting on right side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abutting on back	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Setbacks

	Minimum Distance per Zoning Code (feet)	Proposed Distance (feet)
Front-yard setback (measured from building foundation to front lot line)	_____	_____
Side-yard setback (measured from building foundation to left lot line)	_____	_____
Side-yard setback (measured from building foundation to right lot line)	_____	_____
Rear-yard setback (measured from building foundation to back lot line)	_____	_____

No change to location of existing structure. Foundation re-build only.

Floor Area of Buildings (in square feet from exterior wall to exterior wall)

	Existing	Proposed	Total
Principal building (first floor)	_____	_____	_____
Principal building (second floor)	_____	_____	_____
Attached garage	_____	_____	_____
Detached building (#1)	_____	_____	_____
Detached building (#2)	_____	_____	_____
Total	_____	_____	_____

New Building with a Basement

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

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

Type of Basement Exposure

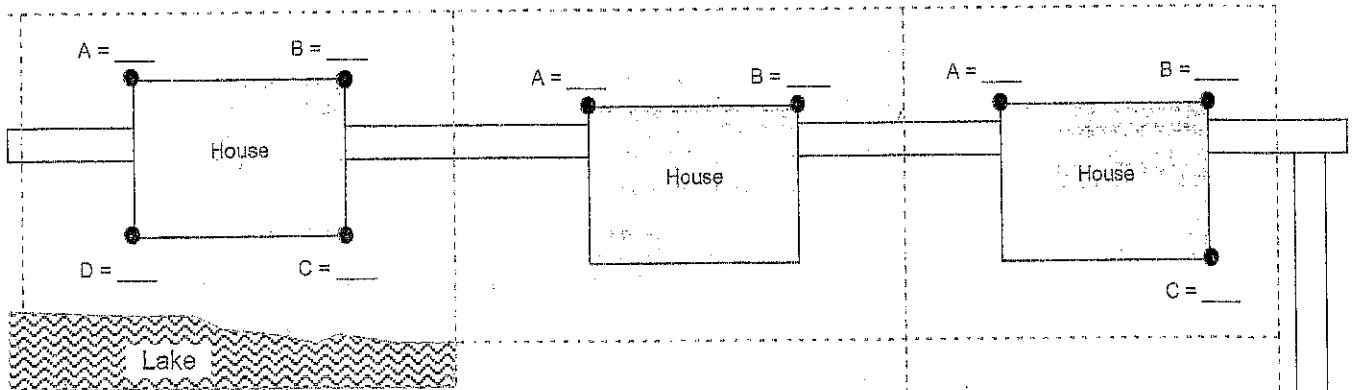
- ☐ Walkout (basement wall includes a walkout door at grade)
- ☐ Window lookout exposure (bottom of windows are above grade)
- ☐ No exposure (may include small windows near top of wall or full egress windows)

Height of House Select the lot type below and provide the building heights as indicated. Building height is measured from the surrounding grade to the highest peak. These should also be shown on the building elevations.

☒ Lake Lot

☐ Interior Lot

☐ Corner Lot



Grade Will the project modify the existing grade within 20-feet of any lot line?

☒ No ☐ Yes – Please provide a detailed grading plan.

If yes, will the proposed grade within 20 feet of the lot line exceed a slope of 1.5 to 1.

☐ No ☐ Yes – Please provide representative cross sections in all such areas.

Sanitary Permit (if required)

- ☐ Washington County Septic Permit No. _____
- ☐ Silver Lake Sanitary Permit No. _____

Washington County Shoreland Zoning Permit No. _____ (if required)

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 fully reviewed until it is deemed to be complete.
- The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such service fees incurred by the Town to the property owner, even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fee incurred by the Town, even if the request is not approved.

Property Owner Signature(s): (required)

[Signature]
Hedi Anderson

Date:

11-09-2025

11-09-2025

*DNR Permit Approval
(Docket No. 02786) is
attached.*