

EAST TROY

OFFICE USE

Site Address: _____

Date Call Received: _____

Name of Caller: _____

Ph.# of Caller: _____

Date given to Zoning Officer: _____

Inspection Date #1 _____

Inspection Date #2 _____

Inspection Date #3 _____

Non-compliance Found of: _____

Date notified of Non-compliance: _____

Re-inspection Date: _____

Foundation Survey Received _____

Comments: _____

Zoning Officer/Date: _____

SITE INFO

Subdivision CSM # 27

Lot 4 Block _____

Zoning R-1

Section 9 T 4 N, R 18 E

SETBACKS

Street Yard _____ ft.

Rear Yard _____ ft.

Side Yard 15' ± ft.

Side Yard _____ ft.

Shore Yard 6' ± ft.

Height _____ ft.

Notice Of Compliance _____

The applicant/owner is responsible for full compliance with the Walworth County Code of Ordinances - Zoning/Shoreland Zoning, Walworth County, WI

Keep this card posted until construction is complete.

WALWORTH COUNTY ZONING PERMIT

NUMBER: 50072

ISSUED FOR THE CONSTRUCTION OF:

Deck

Owner Justin Lee

Building Site Address N 9140 South Shore Ln.

Tax Key Number PA2700004

Township East Troy

Issued to: _____

Issued by: _____

Person Issuing Darin DeBorja

Date Issued 4/6/10

Permit Expires 4-7-12

Walworth County Department of Zoning (262)741-7908

CONDITIONS OF APPROVAL: As per plan. No grade changes are allowed with this permit.

- This permit shall require the submittal of a foundation survey, prepared by a Registered Land Surveyor, to the zoning department within 30 days of backfilling.
- In lieu of the survey as required above, the owner is eligible to complete the inspection waiver form in the same time frame.
- This permit shall require the applicant to call the zoning division at 262-741-4972 for an inspection to assure compliance with the setback requirements of zoning. The applicant shall call the zoning division immediately upon backfilling the foundation. Lot boundaries shall be clearly marked for inspection.
- This permit is not valid until all other applicable permits have been obtained.

ZONING PERMIT NUMBER
50072

SANITARY PERMIT NUMBER
147681

EROSION CONTROL NUMBER
147681

WALWORTH COUNTY
WATERFRONT ZONING
PERMIT APPLICATION

TAX KEY NUMBER(S)
PA 2700004

TOWNSHIP OF:
EAST TROY

OWNERS NAME
Justin Lee

MAILING ADDRESS
**1040 Woodlawn Rd.
Clevonville IL 60025**

TELEPHONE
847-702 6837

FAX NO.

PROJECT ADDRESS
D9140 Southshore Lane East Troy WI 53120

CONTRACTORS NAME
Superior Construction

MAILING ADDRESS
**W4636 Cty J
East Troy WI 53120**

TELEPHONE
847-370 4428

FAX NO.

1. SITE LOCATION: SECTION **9**, T **4**, N, R **18**, E.

LOT WIDTH **103'**, LOT DEPTH **114'**, SQ. FT. / ACRES **11742**

SUBDIVISION NAME
001 CS REG 27 WCE

LOT NO. **4**, BLOCK NO.

2. PROJECT PLEASE MARK ALL THAT APPLY

NEW SINGLE FAMILY RESIDENCE

MULTI-FAMILY, #UNITS _____

DECK

POOL

ADDITION

ALTERATION

ACCESSORY STRUCTURE/GARAGE

OTHER _____

3. DESCRIPTION

A. Construction Size/Dimensions
(12) X (34)

B. Total Sq. Ft.
520

C. Structure is used for?
Deck/Storage

4. HEIGHT **8'6" to top of railing**

FEET **8'**, INCHES **6"**

Building Height is the vertical distance measured from the lowest finished grade along the street yard elevation of the structure to the ridge of the highest roof line of the structure. The highest point of the roof of a boathouse shall not be more than 14 feet measured from the lowest finished grade along the structure to the highest roofline.

5. ESTIMATED COST

TOTAL **\$ 5000.00**

6. FLOODPLAIN INFORMATION **NA**

100 YEAR FLOODPLAIN ELEVATION _____ LOWEST FLOOR _____

FLOODPLAIN SETBACK _____ FEET FROM BUILDING FOUNDATION TO 100 YEAR FLOODPLAIN _____

7. SANITARY FACILITIES

MUNICIPAL SEWER _____

PRIVATE SEWAGE SYSTEM _____

NUMBER OF BEDROOMS EXISTING **3**

TOTAL NUMBER OF BEDROOMS _____

The owner agrees to comply with the Walworth County Code of Ordinances Chapter 74 and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF OWNER *[Signature]* DATE **3/31/10**

PERMIT EXPIRES WITHIN TWENTY-FOUR (24) MONTHS AFTER THE ISSUANCE OF THE PERMIT IF THE STRUCTURE FOR WHICH A PERMIT IS ISSUED IS NOT SUBSTANTIALLY COMPLETED. (Chapter 74, Division 11, Walworth County Code of Ordinances)

WALWORTH COUNTY LAND USE AND RESOURCE MANAGEMENT DEPARTMENT
100 W. WALWORTH ST., P.O. BOX 1001, ELKHORN, WI 53121 • PHONE# 262-741-4972 • FAX# 262-741-4974

CONDITIONS OF APPROVAL

This permit is issued subject to any federal, state or local restrictions. Each applicant for a zoning permit is charged with knowledge of the Walworth County Code of Ordinances. Copies of the text of the zoning ordinances or portions thereof and copies of the official zoning maps are available for sale, copying or inspection upon request. Any statement made, site plan submitted, assurance given or permit erroneously issued contrary to the zoning ordinances is null and void. Any modification of approved permit requires zoning permit review and approval.

This permit shall require the submittal of a foundation survey prepared by a Registered Land Surveyor, to the zoning department within 30 days of backfilling.

In lieu of the survey as required above, the owner is eligible to complete and return the inspection waiver form in the same time frame.

This permit shall require the applicant to call the zoning division at 262-741-3394 for an inspection to assure compliance with the setback requirements of zoning. The applicant shall call the zoning division immediately upon backfilling the foundation. Lot boundaries shall be clearly identified for inspection.

This permit is not valid until all other applicable permits have been obtained.
As per plan. No grade changes allowed with this permit.

PERMIT REVIEWED BY THE WALWORTH COUNTY ZONING DIVISION REVIEW DATE: **4/6/10**

ISSUING OFFICER: *[Signature]* ISSUE DATE: **4/6/10**

** FOR OFFICE USE ONLY **

FEE **100**

DOUBLE FEE _____

OTHER FEES **100**

TOTAL **200**

ZONING DISTRICT (S): **R-1**

EROSION CONTROL APPLICATION TO LCC **4-1-10**

RETURNED TO ZONING **4/6/10**

NOT IN SHORELAND IN SHORELAND

SANITARY APPROVAL (INITIALS) **RO** SANITARY PERMIT NO. _____

DATE OF SANITARY PERMIT APPROVAL: **4/7/10**

PERMIT DENIED BY WALWORTH COUNTY ZONING DIVISION

NAME: _____ DATE: _____

ORDINANCE REQUIRES: _____

APPLICANT IS REQUESTING: _____

50072

900-

WALWORTH COUNTY WATERFRONT ZONING PERMIT APPLICATION

INSTRUCTIONS

**** MISSING INFORMATION MAY CAUSE A LENGTHY DELAY ****

- A. IT IS EXTREMELY IMPORTANT THAT THE TAX KEY/TAX PARCEL NUMBER OF THE PARCEL IN QUESTION BE INCLUDED ON THE PERMIT APPLICATION. THIS NUMBER IS FOUND IN THE UPPER RIGHT HAND CORNER OF THE TAX BILL.
- B. FILL IN ALL UNSHADED AREAS DOWN TO "SIGNATURE OF OWNER/AGENT".
- C. THE INFORMATION NEEDED TO COMPLETE SECTION 1. "SITE" INFORMATION MAY BE FOUND ON A COPY OF YOUR TAX BILL AND/OR A PLAT OF SURVEY.
- D. SECTIONS 2 THROUGH 5 ARE ASKING FOR PROJECT INFORMATION. BE AS SPECIFIC AS POSSIBLE. (ATTACH COPIES OF PLANS)
- E. SECTION 6: PROVIDE INFORMATION WHEN THE PROJECT SITE IS LOCATED WITHIN A FLOODPLAIN. FLOODPLAIN MAPS ARE AVAILABLE AT THE LAND USE AND RESOURCE MANAGEMENT DEPARTMENT. THE LOWEST FLOOR ELEVATION SHALL BE AT LEAST TWO (2) FEET ABOVE THE 100 YEAR FLOOD ELEVATION.
- F. SECTION 7: "SANITARY FACILITIES": THIS INFORMATION IS REQUIRED TO ENSURE THAT THE LOCATION AND/OR ADDITIONS MEET ALL OF THE REQUIREMENTS OF COMM 83. ADDITIONS TO A SINGLE FAMILY RESIDENCE MAY REQUIRE SANITARY REVIEW. CONTACT THE WALWORTH COUNTY SANITATION DEPARTMENT PRIOR TO THE SUBMITTAL OF THIS FORM.
- G. A PLAT OF SURVEY IS REQUIRED WHEN:
 - 1. THE PROJECT IS NEW CONSTRUCTION AND THE SETBACKS ARE LESS THAN 1 1/2 TIMES THE SETBACK REQUIREMENT FROM ANY LOT LINE AND/OR LESS THAN 150 FEET FROM THE ORDINARY HIGH WATER MARK.
 - 2. THE PROJECT IS AN ADDITION TO AN EXISTING STRUCTURE WHERE THE ADDITION AND/OR THE ORIGINAL STRUCTURE IS LESS THAN 1 1/2 TIMES THE SETBACK REQUIREMENT FROM ANY LOT LINE AND/OR LESS THAN 150 FEET FROM THE ORDINARY HIGH WATER MARK.
- H. SITE PLAN: A SITE PLAN DRAWN TO SCALE MAY BE SUBMITTED IN LIEU OF A PLAT OF SURVEY ONLY WHEN THE STRUCTURE IS AT LEAST 1 1/2 TIMES THE REQUIRED SETBACKS FROM ALL LOT LINES AND AT LEAST 150 FEET FROM THE ORDINARY HIGH WATER MARK. A SITE PLAN SHALL CONTAIN THE SAME INFORMATION AS PROVIDED BY A PLAT OF SURVEY.
- I. ONCE A ZONING PERMIT HAS BEEN ISSUED, FOR A PERIOD OF SIX MONTHS FROM THE DATE OF ISSUANCE, ANY AMENDMENT TO THAT ZONING PERMIT SHALL REQUIRE A FEE OF \$80.00 AND A REVISED SITE PLAN. AFTER SIX MONTHS FROM THE DATE OF ISSUANCE, ANY AMENDMENTS SHALL REQUIRE A NEW ZONING PERMIT APPLICATION AND FEE.
- J. FEES: SEE THE FEE SCHEDULE FOR SPECIFIC FEES. PERMITS WILL BE PROCESSED ONCE FEES ARE RECEIVED IN FULL.

Please read and complete the following to help Walworth County expedite your permit application. Instructions are located on the back page to assist you in completing this application.

IF THE ZONING OFFICE HAS QUESTIONS REGARDING THE PERMIT APPLICATION, PLEASE CONTACT: (print) Tom Goede VIA: superior envst

PHONE 262-370-4928 FAX 262-642-9100
 MAIL (attach printed address) W4636 CTY J

East Troy WI. 53120

WHEN THE PERMIT IS READY TO BE ISSUED, PLEASE PROCESS THE APPROVED PERMIT BY:

MAIL

PLEASE MAIL TO: (include full name and address)

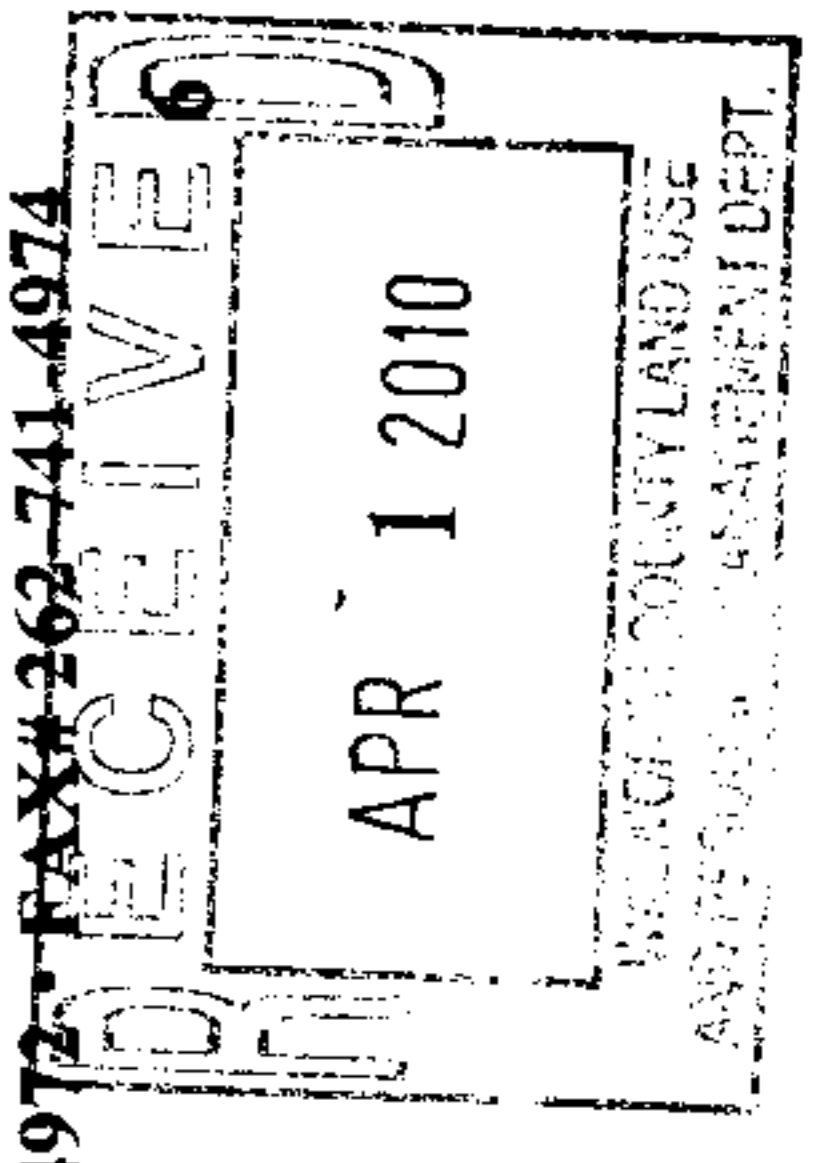
WILL PICK UP

CALL (MR./MS.) Tom Goede
AT (262) 370-4928

AREA CODE _____ PHONE NUMBER _____

TO NOTIFY THEM THAT THE ZONING PERMIT IS READY TO BE PICKED UP. THE PERMIT WILL BE AT THE FRONT COUNTER UNTIL IT IS PICKED UP.

WALWORTH COUNTY LAND USE AND RESOURCE MANAGEMENT DEPARTMENT
100 W. WALWORTH ST., P.O. BOX 1001, ELKHORN, WI 53121 • PHONE# 262-741-4972 • FAX# 262-741-4974



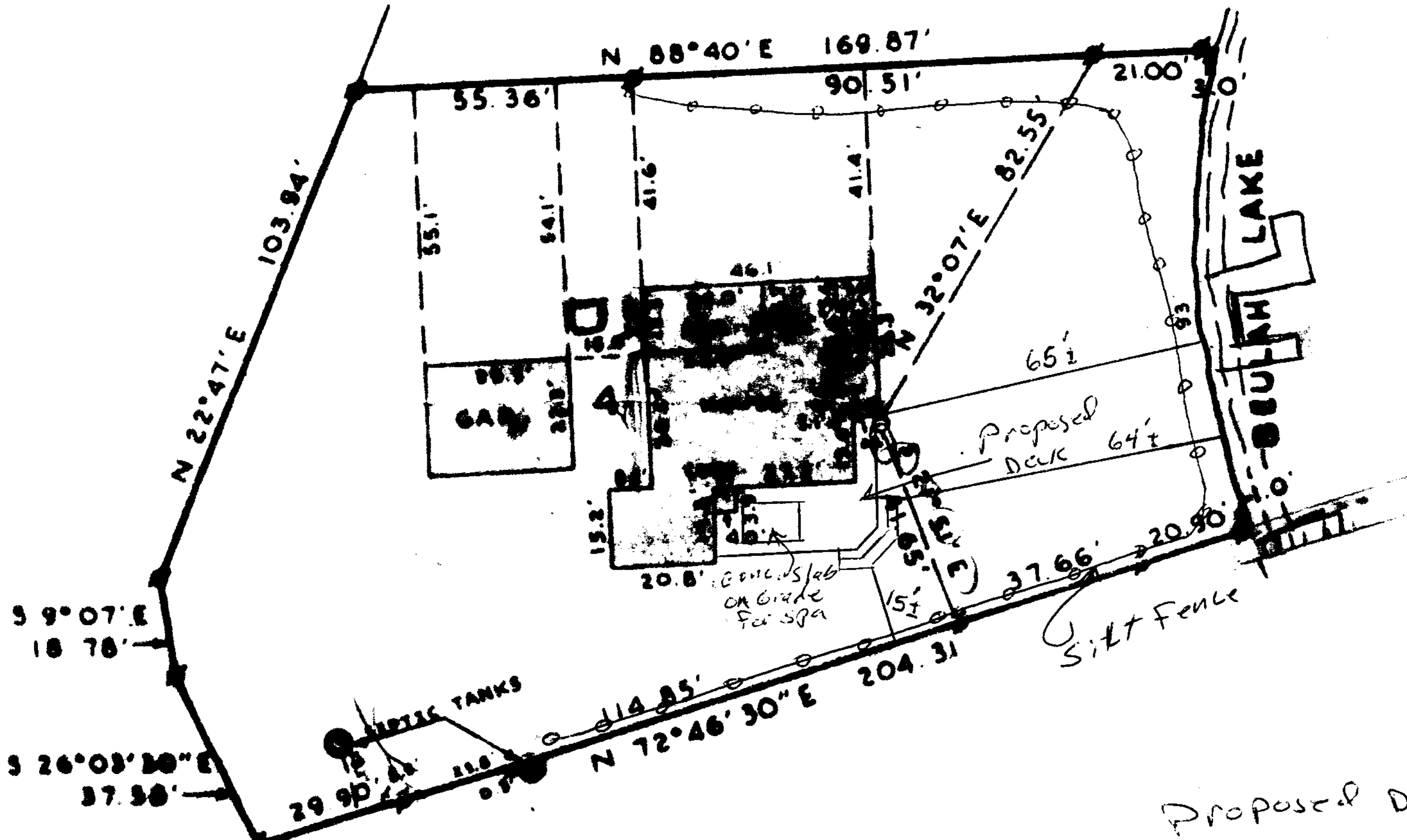
Refunds only
when applicable

4-7-10- Called & spoke w/ Tom

HAROLD H. KOLB

REGISTERED PROFESSIONAL LAND SURVEYOR
LAKE GENEVA, WISCONSIN

3



PLAT OF SURVEY OF Proposed Deck
& Erosion Control

Lot No. 4 of Certified Survey No. 27,
as recorded in Volume 1 of Certified
Survey Maps, Page 27, Walworth County
Wisconsin.

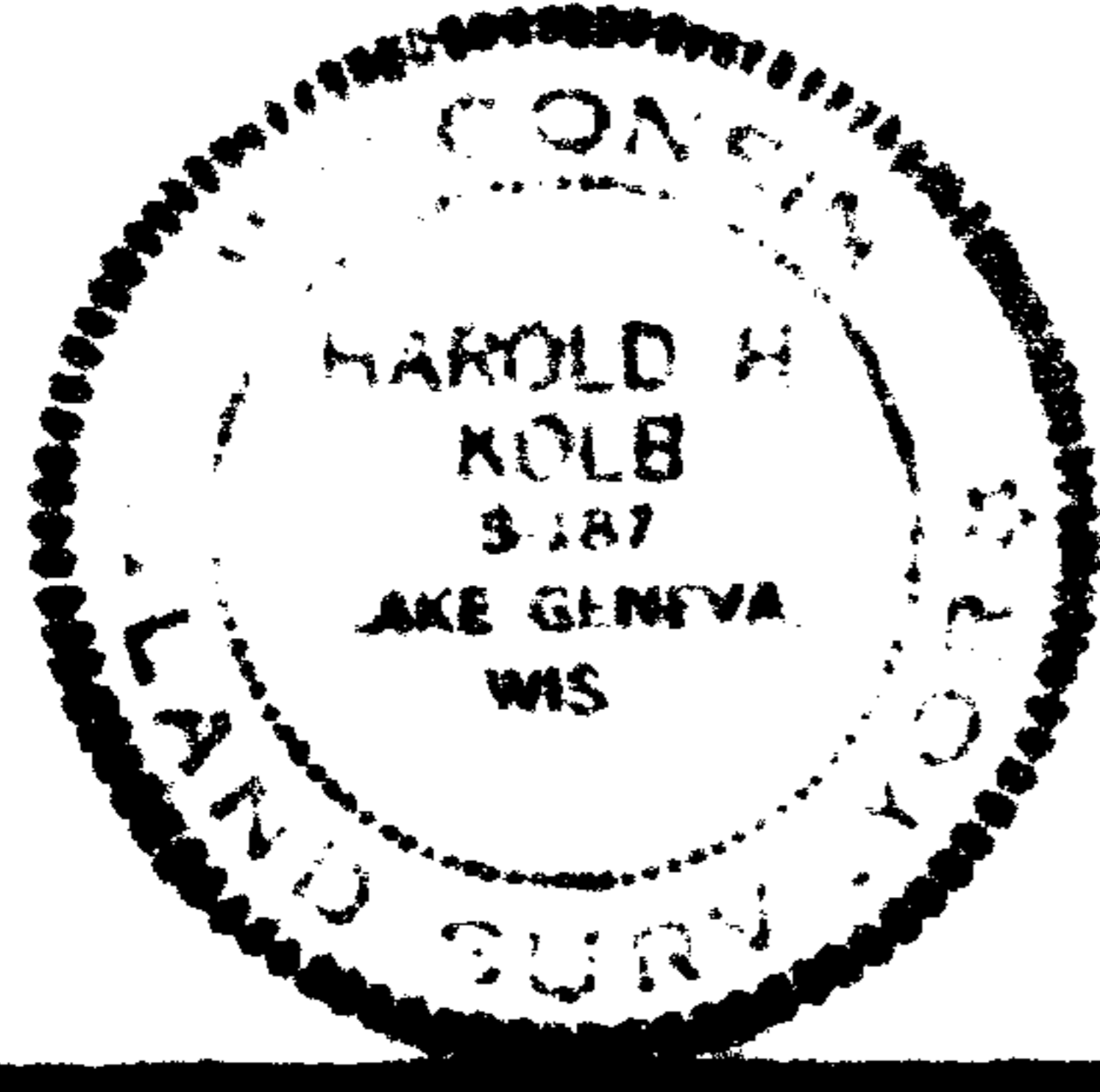
N

try
1" = 30'

- φ - IRON
- - Found Iron Rod
- - SPIKE

Shoreyard setback average
 $42.8' + 3' = 45.8 / 2 = 22.9$
no closer than 40' allowed

I, HAROLD H. KOLB, DO HEREBY CERTIFY THAT I HAVE
SURVEYED THE PROPERTY HEREON DESCRIBED ACCORDING
TO THE OFFICIAL RECORDS, AND THAT THE PLAT HEREON
IS A CORRECT REPRESENTATION OF THE LOT LINES.



Harold H. Kolb
HAROLD H. KOLB
WISCONSIN REGISTERED LAND SURVEYOR, S-117
DATE April 27, 1973

LAND USE AND RESOURCE
MANAGEMENT DEPARTMENT

100 WEST WALWORTH STREET
ROOM 222
ELKHORN, WI 53121
262-741-4972 TEL
262-741-4974 FAX
ZN 000050072

Date 4/01/2010

Received of: GOODE, THOMAS & CINDI / SUPERIOR CONST Amount: \$100.00
For: LEE, JUSTIN

How Paid: CK 200.00

EAST TROY TWSP. CK3146

Init: KW Return: 100.00

	Account Number	Description	Amount	Code	Qty	Sls Tax
1330	-43160 -	WATERFRONT ZONING PER	100.00	ZWF	1	

