

7-15-12

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 33' ft.
 Rear Yard 19' ft.
 Side Yard 107' ft.
 Shore Yard 24' ft. 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: 50322

ISSUED FOR THE CONSTRUCTION OF:
Addition to residence / deck

Owner <u>Justin Lee</u>	Tax Key Number <u>PA 2700054</u>	Township <u>East Troy</u>
Building Site Address <u>N9140 South Shore Ln.</u>		

Issued by: <u>Dawn Schurack</u>	Date Issued <u>3-3-11</u>	Permit Expires <u>3-3-13</u>
Walworth County Department of Zoning (262)741-7908		

CONDITIONS OF APPROVAL: As per plan.

- 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 50322		WALWORTH COUNTY WATERFRONT ZONING PERMIT APPLICATION		TAX KEY NUMBER(S) PA 2700004
SANITARY PERMIT NUMBER 21892		MAILING ADDRESS 1040 Woodlawn Rd. Glenside, Ill. 60025		TELEPHONE 847-786827
EROSION CONTROL NUMBER 148067		OWNER'S NAME Justin Lee		FAX NO. 6827
PROJECT ADDRESS (If Different Than Above) 19140 South Shore Lane East Troy WI 53120		MAILING ADDRESS W4636 CTS 5 East Troy WI 53149		TELEPHONE 262-3704928
CONTRACTORS NAME Superior Const.		MAILING ADDRESS East Troy WI 53149		FAX NO. 4928
1. SITE	LOCATION: SECTION 9 , T 4 , N, R 18 , E.	LOT NO. 4 BLOCK NO.		
LOT WIDTH	LOT DEPTH	SQ. FT. / ACREAGE	SUBDIVISION NAME	
108	186	23286	CSM# 27	
2. PROJECT		3. DESCRIPTION		
PLEASE MARK ALL THAT APPLY		A. Construction Size/Dimensions (44'6" X 26'4")		
<input type="checkbox"/> NEW SINGLE FAMILY RESIDENCE		B. Total Sq. Ft. 11575		
<input type="checkbox"/> MULTI-FAMILY, #UNITS		C. Structure is used for? (example: kitchen, bedroom, storage, etc.) Garage, Kitchen, Bedroom 5 + Bath		
<input type="checkbox"/> DECK		4. HEIGHT FEET 24 INCHES 6		
<input type="checkbox"/> POOL		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.		
<input type="checkbox"/> ALTERATION				
<input type="checkbox"/> ACCESSORY STRUCTURE/GARAGE				
<input type="checkbox"/> OTHER				
5. ESTIMATED COST		6. FLOODPLAIN INFORMATION		
TOTAL \$ 150,000		100 YEAR FLOODPLAIN ELEVATION N.A. LOWEST FLOOR ELEVATION N.A. FLOODPLAIN SETBACK FEET FROM BUILDING FOUNDATION TO 100 YEAR FLOODPLAIN		
7. SANITARY FACILITIES		NUMBER OF BEDROOMS EXISTING 3		
<input type="checkbox"/> MUNICIPAL SEWER		NUMBER OF BEDROOMS ADDED 5		
<input checked="" type="checkbox"/> PRIVATE SEWAGE SYSTEM		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 <i>Justin Lee</i>		DATE 7/17/10		
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.

PERMIT REVIEWED BY THE WALWORTH COUNTY ZONING DIVISION REVIEW DATE: **7/23/10**

ISSUING OFFICER: *Dawn S. Swank* ISSUE DATE: **7/23/10**

DOUBLE FEE **300-** EROSION CONTROL APPLICATION TO LCC **7-19-10**

OTHER **205** RETURNED TO ZONING **7-19-10**

TOTAL **1000-** NOT IN SHORELAND IN SHORELAND

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

SANITARY APPROVAL (INITIALS) **RS** SANITARY PERMIT NO. **21772**

DATE OF SANITARY PERMIT APPROVAL: **3/2/11**

PERMIT DENIED BY WALWORTH COUNTY ZONING DIVISION

NAME: _____ DATE: _____

ORDINANCE REQUIRES: _____

APPLICANT IS REQUESTING: _____

50322

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.
- I. 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 Goode VIA: Superior Coast.

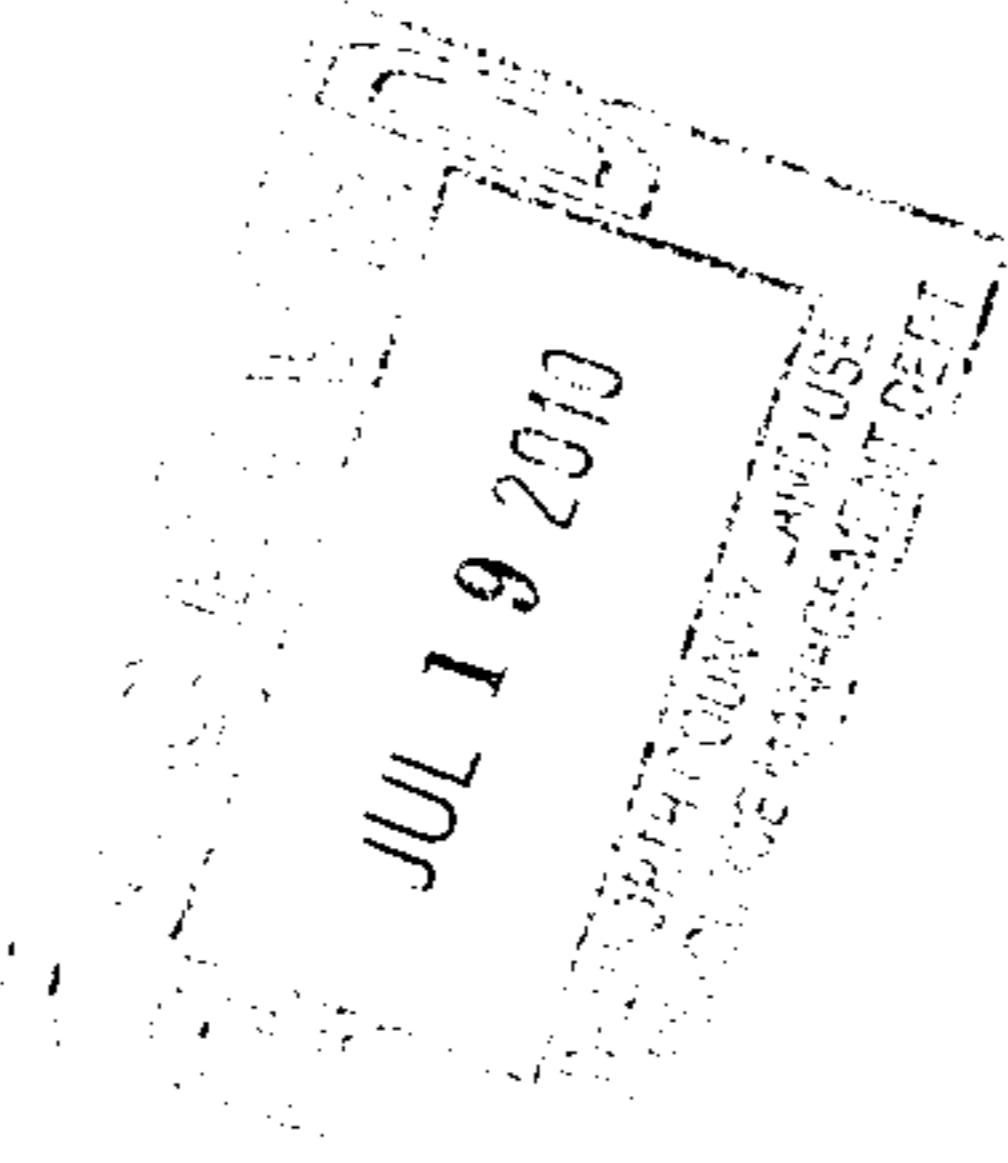
PHONE 262-370-4928 FAX 262-642-9100

MAIL (attach printed address)
W4636 Cty St
East Troy wis 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 Goode
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

3-3-11 - called + spoke w/ Tom

LAND USE AND RESOURCE
MANAGEMENT DEPARTMENT

100 WEST WALWORTH STREET
ROOM 222
ELKHORN, WI 53121
262-741-4972 TEL
262-741-4974 FAX
ZN 000050322

=====
Date 7/19/2010

Received of: GOODE, THOMAS & CINDI / SUPERIOR CONST Amount: \$300.00
For: LEE, JUSTING
How Paid: CK 600.00
EAST TROY TWSP. CK2979 Init: KW Return: 300.00

	Account Number	Description	Amount	Code	Qty	Tax
1330	-43160 -	WATERFRONT ZONING PER	300.00	ZWF	1	Sls

Plat of Survey

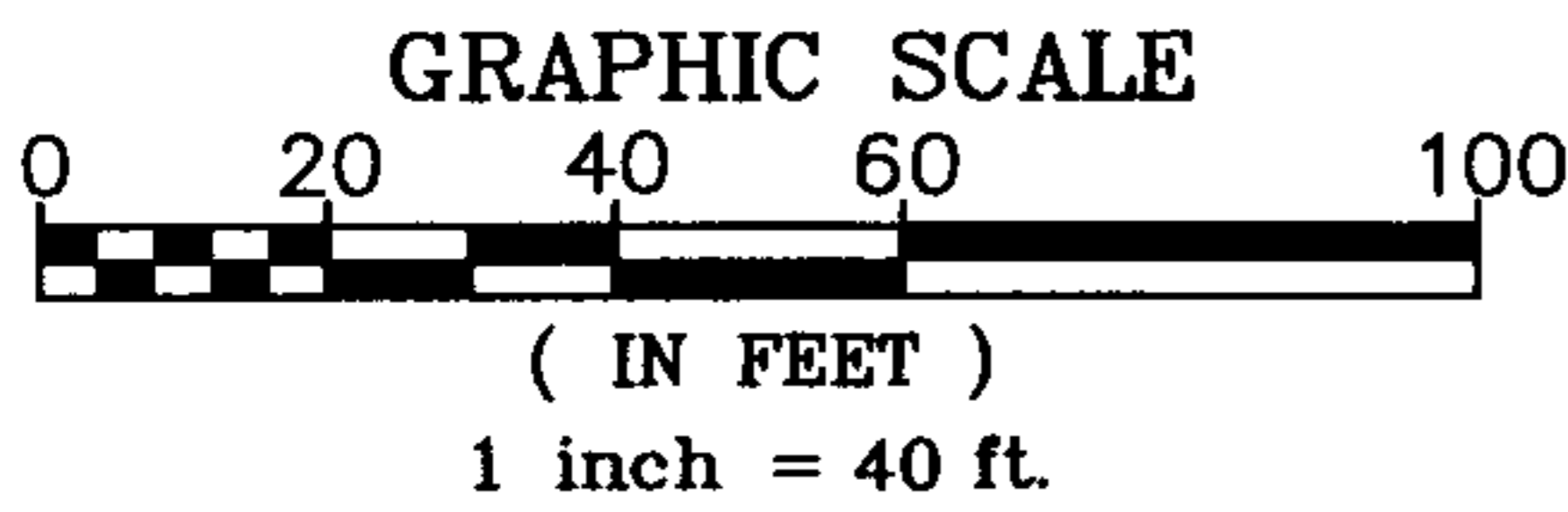
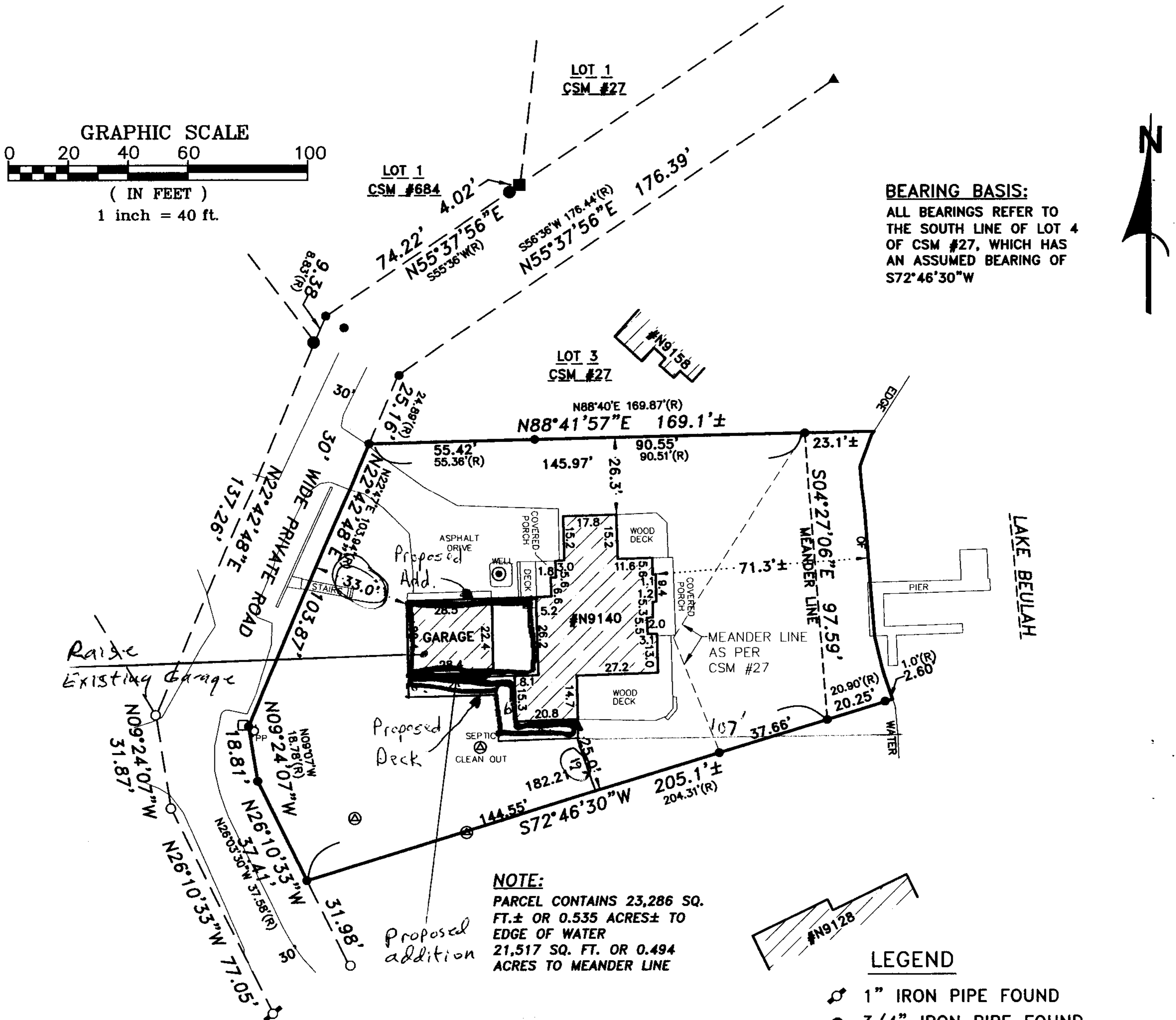
Survey For: Justin L. Lee Trust

Location: #N9140 South Shore Lane, Town of East Troy, Walworth County

Description: Lot 4 of Certified Survey Map Number 27 as recorded in the Walworth County Register of Deeds Office, in Volume 1 of Certified Survey Maps on Page 27, being a part of the SW 1/4 and SE 1/4 of the NE 1/4 of Section 9, T4N, R18E, Town of East Troy, Walworth County, Wisconsin.

Subject to all rights, reservations, restrictive covenants, and easements recorded or unrecorded.

Tax Key Number: PA 2700004



BEARING BASIS:
ALL BEARINGS REFER TO THE SOUTH LINE OF LOT 4 OF CSM #27, WHICH HAS AN ASSUMED BEARING OF S72°46'30\"/>

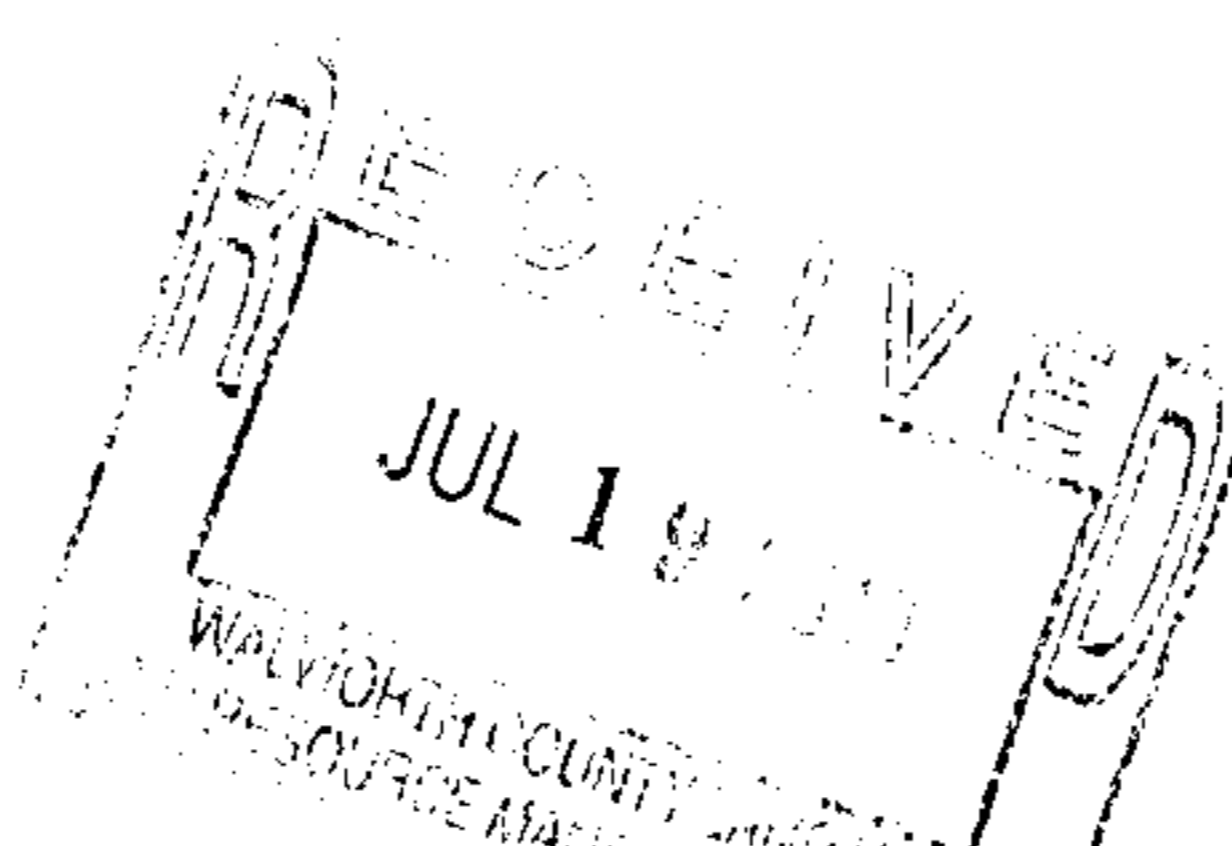


NOTE:
PARCEL CONTAINS 23,286 SQ. FT. ± OR 0.535 ACRES ± TO EDGE OF WATER
21,517 SQ. FT. OR 0.494 ACRES TO MEANDER LINE



LEGEND

- ⊕ 1" IRON PIPE FOUND
- 3/4" IRON PIPE FOUND
- 5/8" IRON ROD FOUND
- 1/2" IRON PIPE FOUND
- 3/4" IRON REBAR IN CONCRETE FOUND
- ▲ PARKER-KALON MASONRY NAIL FOUND
- UTILITY PEDESTALS
- ⊗ SEPTIC VENT (UNLESS NOTED)
- PP○ POWER POLE
- (R) RECORDED AS



SOUTHWEST
SURVEYING & ASSOCIATES, Inc.
W 1065 HIGHWAY CI, P.O. BOX K
PALMYRA, WI. 53156
262-495-4910

State of Wisconsin)
Jefferson County) ss I certify that I have surveyed the above described (property) and the above map is a true representation thereof and shows the size and location of the Property, its exterior boundaries, the location and dimensions of all visible structures thereon, fences, apparent easements and roadways and visible encroachments, if any to the best of my knowledge and belief.

THIS IS A JOHN C. KANNARD AUTHORIZED PRINT ONLY IF SIGNATURE APPEARS IN RED INK ON BLACK LINE PRINT.

JOHN C. KANNARD, Registered Land Surveyor

SHEET 1 OF 1
DATE: JULY 9, 2010
JOB NO: J-210118

STAFF COMMENTS

OWNER: Justin Lee
TAX PARCEL NUMBER: PA 2700004
 ZONING PERMIT # 50322 EROSION 148067
 REZONE CONDITIONAL USE VARIANCE/BOA EROSION

DATE	BY:	NOTES/COMMENTS
7/19/10	DS	No Sanitation
3-3-11	ds	SCANNED approved zoning