

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 SSM # 27  
 Lot 4 Block \_\_\_\_\_  
 Zoning R-1  
 Section 9 T 4 N, R 19 E

**SETBACKS**  
 Street Yard 33' ft.  
 Rear Yard \_\_\_\_\_ ft.  
 Side Yard \_\_\_\_\_ ft.  
 Side Yard \_\_\_\_\_ ft.  
 Shore Yard 18' ft.  
 Height 24' 6" 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

WALWORTH COUNTY ZONING PERMIT

NUMBER: 50957

ISSUED FOR THE CONSTRUCTION OF: Addition to residence Revision of ZP# 50322

Issued to:	Owner <u>Justin Lee</u>	Tax Key Number <u>PA 2700004</u>	Township <u>East Troy</u>
	Building Site Address <u>N9140 South Shore Ln</u>		

Issued by:	Person Issuing <u>Dawn DeLorenzo</u>	Date Issued <u>6/27/11</u>	Permit Expires <u>6/27/13</u>
<b>Walworth County Department of Zoning (262)741-7908</b>			

CONDITIONS OF APPROVAL: As per revised 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.

Revision of 28th 50322

ZONING PERMIT NUMBER <b>50957</b>		WALWORTH COUNTY WATERFRONT ZONING PERMIT APPLICATION		TAX KEY NUMBER(S) <b>PA27000 04</b>
SANITARY PERMIT NUMBER		MAILING ADDRESS <b>202 Ravine Forest Dr Lake Bluff Ill. 60044</b>		TOWNSHIP OF: <b>East Troy</b>
EROSION CONTROL NUMBER		OWNER'S NAME <b>Justin Lee</b>		TELEPHONE <b>847-702-6887</b>
PROJECT ADDRESS (If Different Than Above) <b>N9140 South Shore Lane East Troy WI 53120</b>		MAILING ADDRESS <b>202 Ravine Forest Dr Lake Bluff Ill. 60044</b>		FAX NO. <b>6887</b>
CONTRACTORS NAME <b>Superior Const.</b>		MAILING ADDRESS <b>W4636 Cty S East Troy WI 53120</b>		TELEPHONE <b>262-370-4928</b>
FAX NO.		FAX NO.		FAX NO.
1. SITE LOCATION: SECTION <b>9</b> , T <b>4</b> , N, R <b>18</b> , E.		SUBDIVISION NAME <b>CSM #27</b>		LOT NO. <b>4</b>
2. PROJECT		3. DESCRIPTION		4. HEIGHT
PLEASE MARK ALL THAT APPLY		A. Construction Size/Dimensions <b>(44'6" X 26'2")</b>		FEET <b>2</b> INCHES <b>6</b>
<input type="checkbox"/> NEW SINGLE FAMILY RESIDENCE		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"/> MULTI-FAMILY, #UNITS _____		B. Total Sq. Ft. <b>1288</b>		
<input checked="" type="checkbox"/> DECK		C. Structure is used for? (example: kitchen, bedroom, storage, etc.) <b>Garage, kitchen, bedrooms &amp; bath</b>		
<input type="checkbox"/> POOL				
<input type="checkbox"/> ALTERATION				
<input type="checkbox"/> ACCESSORY STRUCTURE/GARAGE				
<input type="checkbox"/> OTHER _____				
5. ESTIMATED COST		6. FLOODPLAIN INFORMATION		
TOTAL \$ <b>180,000</b>		100 YEAR FLOODPLAIN ELEVATION <b>114</b> LOWEST FLOOR ELEVATION _____ FLOODPLAIN SETBACK _____ FEET FROM BUILDING FOUNDATION TO 100 YEAR FLOODPLAIN _____		
7. SANITARY FACILITIES		RECEIVE		
<input type="checkbox"/> MUNICIPAL SEWER		JUN 22 2011		
<input checked="" type="checkbox"/> PRIVATE SEWAGE SYSTEM		3 NUMBER OF BEDROOMS EXISTING		
		2 NUMBER OF BEDROOMS ADDED		
		5 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 *Justin Lee* DATE *6/27/11*

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, PO BOX 1001, EKHORN, 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 262-741-4972 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 identified for inspection.

This permit is not valid until all other applicable permits have been obtained.

*As per revised plan.*

PERMIT REVIEWED BY THE WALWORTH COUNTY ZONING DIVISION REVIEW DATE: *6/27/11*  OKAY TO ISSUE

ISSUING OFFICER: *Dawn Schwank* ISSUE DATE: *6/27/11*

DOUBLE FEE \_\_\_\_\_ EROSION CONTROL APPLICATION TO LCC \_\_\_\_\_  
OTHER \_\_\_\_\_ RETURNED TO ZONING \_\_\_\_\_  
TOTAL *100*  NOT IN SHORELAND  IN SHORELAND

ZONING DISTRICT (S): *R-1* SANITARY PERMIT NO. \_\_\_\_\_

SANITARY APPROVAL (INITIALS) \_\_\_\_\_ DATE OF SANITARY PERMIT APPROVAL: \_\_\_\_\_

PERMIT DENIED BY WALWORTH COUNTY ZONING DIVISION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ORDINANCE REQUIRES: \_\_\_\_\_  
APPLICANT IS REQUESTING: \_\_\_\_\_

57957

# 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 81-91. 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 PAY FEE WITH CASH, CHECK, MONEY ORDER OR CERTIFIED CHECK.

# WALWORTH COUNTY WATERFRONT ZONING PERMIT APPLICATION

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: \_\_\_\_\_

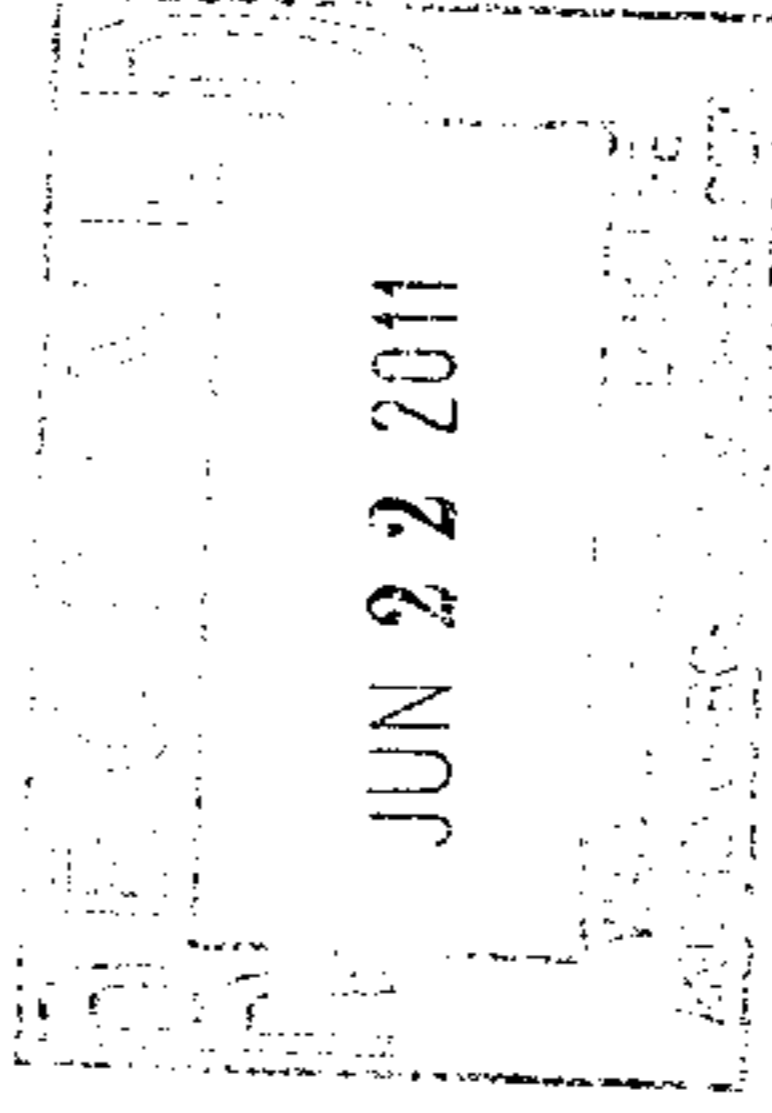
PHONE 262-370-4928  FAX 262-642-9100  MAIL (attach printed address) w4636 city 5

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 PHONE NUMBER  
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., PO BOX 1001, ELKHORN, WI 53121 • PHONE 262-741-4972 • FAX 262-741-4974

REFUNDS ONLY WHEN APPLICABLE

*6-27-11- called & left message*

LAND USE AND RESOURCE  
MANAGEMENT DEPARTMENT

100 WEST WALWORTH STREET  
ROOM 222  
ELKHORN, WI 53121  
262-741-4972 TEL  
262-741-4974 FAX  
ZN 000050957

Date 6/22/2011

Received of: SUPERIOR CONSTRUCTION / GOODE, THOMAS      Amount:                      \$100.00  
                    For: LEE, JUSTIN  
How Paid: CK                      100.00  
PA 27-4                      CK # 8118                      Init: KW      Return:

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

# Plat of Survey

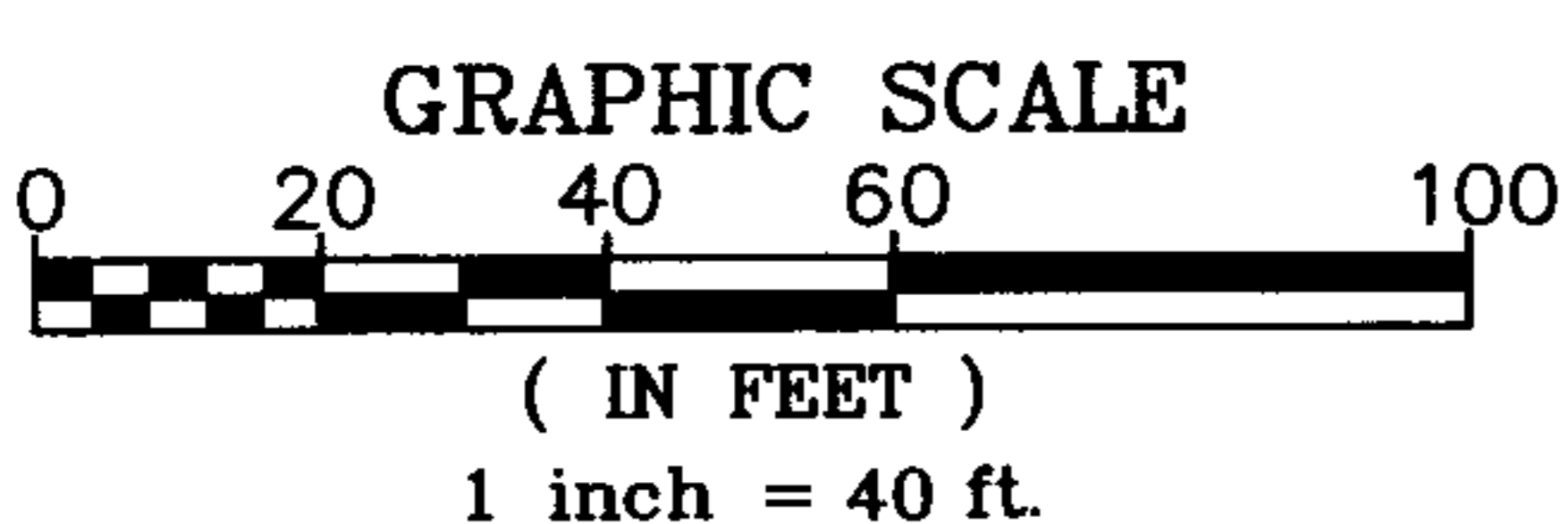
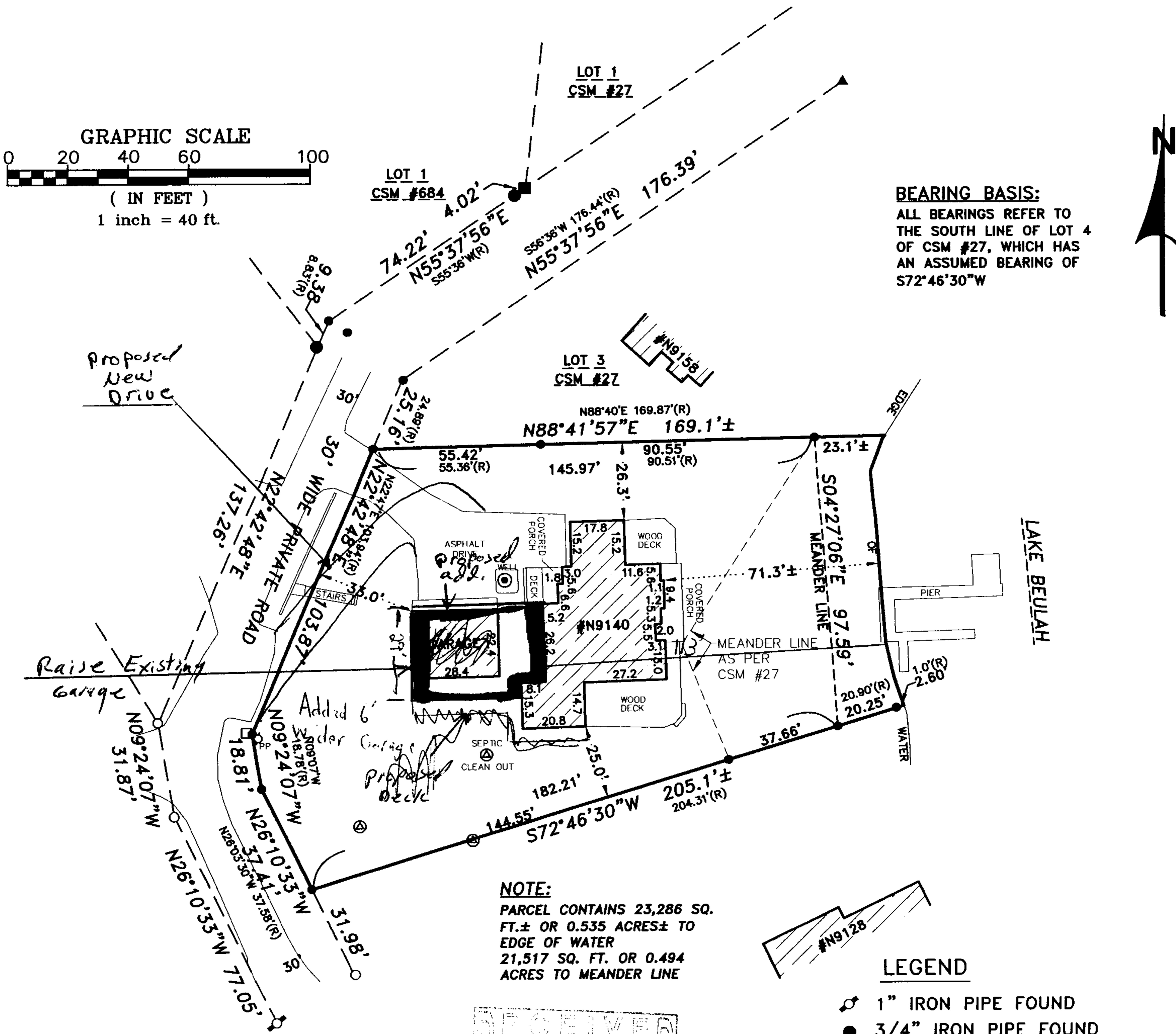
Survey For: Justin L. Lee Trust

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.

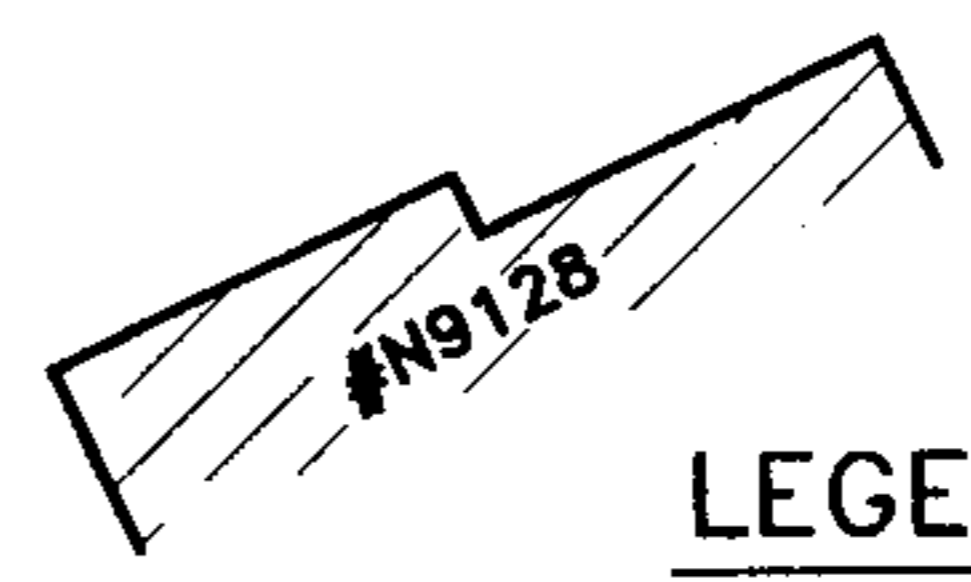
Subject to all rights, reservations, restrictive covenants, and easements recorded or unrecorded.

Tax Key Number: PA 2700004

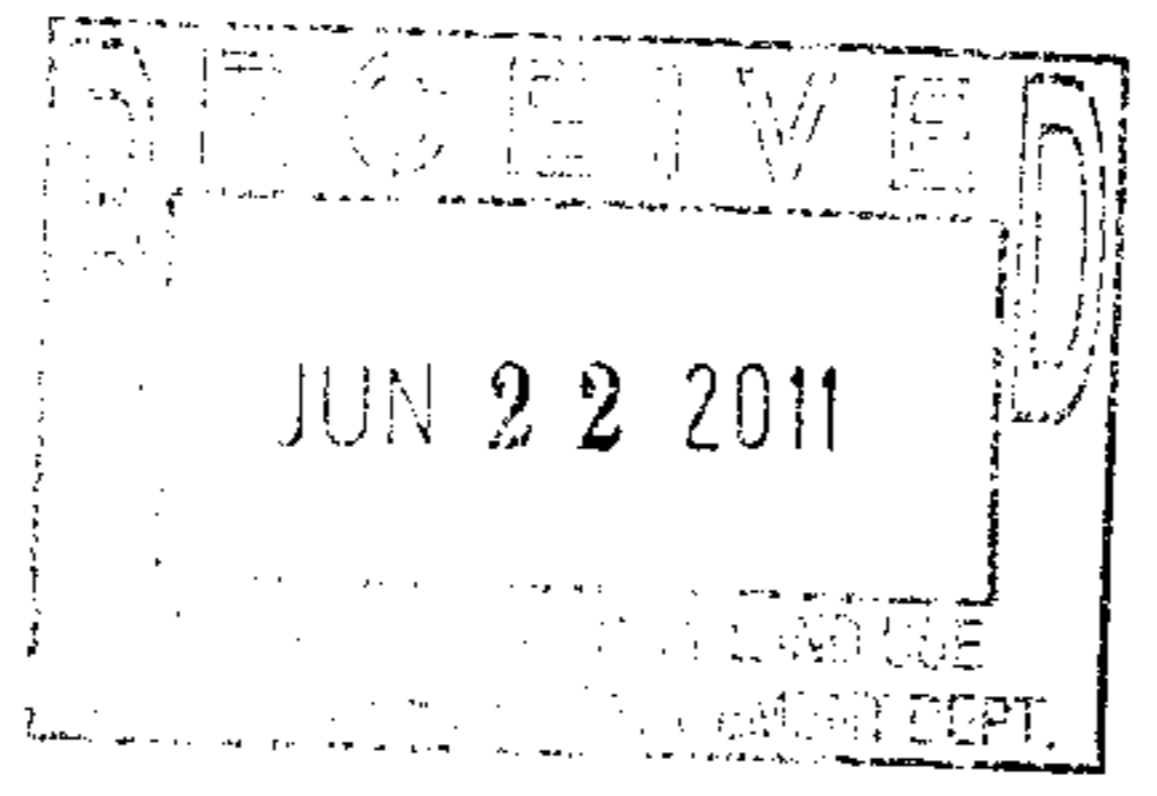


**BEARING BASIS:**  
 ALL BEARINGS REFER TO THE SOUTH LINE OF LOT 4 OF CSM #27, WHICH HAS AN ASSUMED BEARING OF S72°46'30"W

**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 ) ss  
 Jefferson County ) 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.

*[Signature]*  
 JOHN C. KANNARD, Registered Land Surveyor

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

RECEIVED  
JUN 22 2011  
FAYETTEVILLE  
ARIZONA

11

STAFF COMMENTS

3-26-09

OWNER: Justin Lee  
TAX PARCEL NUMBER: PA 2700004  
 ZONING PERMIT # 50957  EROSION  
 REZONE  CONDITIONAL USE  VARIANCE/BOA  EROSION

DATE	BY:	NOTES/COMMENTS
6/22/11	DS	No Eros. / Sanitation# 21892 issued 3-2-11
6/27/11	DS	This permit widens the garage by 6'. The deck is now not included with the new plan.
6-27-11	ds	SCANNED approved zoning