

ZONING

205 Attachment 1

**Appendix A**  
**[Amended 8-15-2016; 4-1-2018]**

**APPLICATION FOR REVIEW BY THE PLAN COMMISSION, COMMUNITY DEVELOPMENT  
AUTHORITY/INDUSTRIAL REVIEW COMMITTEE, OR ARCHITECTURAL REVIEW BOARD FOR THE FOLLOWING  
ZONING RELATED APPROVALS  
IN THE VILLAGE OF SAUKVILLE, OZAUKEE COUNTY, WISCONSIN**

The undersigned hereby applies for a:

- Conditional Use Permit
- Certificate of Compliance
- Certified Survey Map (CSM) Review
- Other-Describe \_\_\_\_\_
- New Bldg/Construction
- Bldg Adds/Alts Review
- Parking Lot Review
- Subdivision Plat Review

<b>For Office Use Only</b>
Application No. _____
Date Filed _____
Public Hearing Required _____

for the premises described herein. The undersigned agrees that all work shall be done, as shown on the required plat of survey or location sketch hereof, in accordance with the requirements of the Village of Saukville Zoning Ordinance and all other applicable Village ordinances and the laws and regulations of the State of Wisconsin. **Please complete/provide all information applicable to this request.**

**Names, Addresses, Telephone Numbers:**

Applicant/Agent \_\_\_\_\_  
 Address \_\_\_\_\_ Ph # \_\_\_\_\_  
 Owner of site \_\_\_\_\_  
 Address \_\_\_\_\_ Ph # \_\_\_\_\_  
 Architect \_\_\_\_\_  
 Address \_\_\_\_\_ Ph # \_\_\_\_\_  
 Professional Engineer \_\_\_\_\_  
 Address \_\_\_\_\_ Ph # \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_ Ph # \_\_\_\_\_

**Description of the Subject Site / Address of Premises Affected:**

\_\_\_\_\_  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Or Survey

SAUKVILLE CODE

Zoning District: \_\_\_\_\_  
Project Request: \_\_\_\_\_  
Description of existing operation or use: \_\_\_\_\_  
Description of proposed operation or use: \_\_\_\_\_  
Type of structures(s): \_\_\_\_\_  
Type of construction: \_\_\_\_\_  
Color(s) (additions/alterations must match principal structure): \_\_\_\_\_  
Estimated Project Value: \_\_\_\_\_  
Estimated Square Footage of Construction Project: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_  
Number of parking spaces to be provided (if applicable): \_\_\_\_\_ Handicapped spaces: \_\_\_\_\_

**Attachments: The following required items shall be attached as applicable to the project:**

- 1. **Plat of Survey (Residential & Commercial)** prepared by a registered land surveyor showing the location, boundaries, dimensions, elevations, uses, and size of the following: subject site; existing and proposed structures; existing and proposed easements, streets, and other public ways; off-street parking, loading areas and driveways; existing highway access restrictions; existing and proposed street, side, and rear yards. In addition, the plat of survey shall show the location, elevation, and use of any abutting lands and their structures within 40 feet of the subject site.
- 2. **Proposed Sewage Disposal Plan** if municipal sewerage service is not available. This plan shall be approved by the Engineer, who shall certify in writing that satisfactory, adequate, and safe sewage disposal is possible on the site as proposed by the plan in accordance with applicable county and state private sewage system regulations.
- 3. **Proposed Water Supply Plan** if municipal water service is not available. This plan shall be approved by the Engineer, who shall certify in writing that an adequate and safe supply of water will be provided.
- 4. **Additional Information** as may be required by the Plan Commission, Engineer, or Building, Plumbing, or Health Inspectors.
- 5. **Completed Application for Plan of Operation & Site Plan Review** (separate form) and fees as required by chapter 205 of the Municipal Code.
- 6. **Conditional Use Permit/Public Hearing Required:** Receipt from the Treasurer in the amount of **\$400**.
- 7. **Public Hearing:** If required, provide names and addresses of all abutting and opposite property owners within 250 feet of the area. Attach separate sheet if necessary.
- 8. **Project Review:** Receipt from the Treasurer in the amount of **\$100** and **Certificate of Compliance Application** - No Public Hearing required.

# ZONING

**Applicant's Verification of Information:**

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Owner \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Applicant/Agent \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

<b><u>REVIEW/PERMIT APPROVAL or DENIAL</u></b>	
Approved _____	Date: _____
Denied _____	Date: _____

**Notes:**

Electronic Submittal Required – Hard Copies (8) Required

Permit May Be Revoked without notice if misrepresentation of any of the above information or attachments is found to exist.

Permit Is Null and Void if issued in error. It is understood that any permit issued on this application will not grant any right or privilege to erect any structure or to use any premises for any purpose that is prohibited by the Zoning Ordinance or any other state or local laws.

Changes in the plans or specifications submitted in the original application shall not be made without prior written approval of the Building Inspector.

Construction of a new building, a building addition or alteration, or a building move shall not be permitted until the stakeout or placement of the building on the lot is approved by the Building Inspector.