

Town of Barton

GENERAL ZONING

*(to be completed for all
zoning related applications)*

Application Form

TOWN OF BARTON GENERAL ZONING APPLICATION FORM

(Required for All Zoning Related Applications)

In accordance with the Town of Barton Zoning Ordinance, applications for all zoning related matters shall be made on this form provided by the Town Clerk (or other Town Board authorized agent). In order for applications to be processed, all required information, drawings, application signatures, and fees required shall be submitted at time of application.

APPLICATION TYPE:

Please check the appropriate box below for the type of Application being submitted:

- ☐ Zoning Permit Application
- ☐ Certificate of Occupancy
- ☐ Site Plan Review Application
- ☐ Zoning Map Amendment Petition
- ☐ Zoning Text Amendment Petition
- ☐ Special Use Permit Application
- ☐ Appeal
- ☒ Variance
- ☐ Interpretation

REQUIRED INFORMATION:

Please provide the following applicable information:

1. Town of Barton Tax Key Identification Number of Property:

T2 053100G

2. Location of Property (also, please attach legal description and/or boundary survey of property):

SE-SE Sec 36 T/2NR19E

3. Applicant/Petitioner Name: JEAN R. WELZIEU

Telephone Number: 262-707-2162

Address: 2630 Newark Dr E
West Bend, WI 53090

Applicant/Petitioner is (check all that are applicable):

Property Owner

☒

Owner's Agent

☐

Developer

☐

Other (specify)

☐

4. Property Owner: JEAN R. WELZIEU

Telephone Number: 262-707-2162

Address: 2630 Newark Dr E
West Bend, WI 53090

5. Owner's Agent: _____
Telephone Number: _____
Address: _____

6. Developer Name: _____
Telephone Number: _____
Address: _____

7. Subdivision/Development Name *(if applicable)*:

8. Zoning District Classification(s) of Property *(per Town of Barton Zoning Ordinance Designation)*:
Present: _____ Proposed: _____
9. Town of Barton Land Use Plan Land Use District Designation(s):
Present: _____ Proposed: _____
10. Present Use(s) of Property: _____
(also indicate SIC-Standard Industrial Classification-Code Number)
11. Proposed Use(s) of Property: _____
(also indicate SIC-Standard Industrial Classification-Code Number)
12. Area of the Property (acres/square feet): 5.72 acres

REQUIRED SIGNATURE(S) FOR ALL TYPES OF APPLICATIONS:

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

 8/21/24
Property Owner's Signature Date

Property Owner's Signature Date

OTHER REQUIRED APPLICABLE SIGNATURES:

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

Applicant/Petitioner Signature Date

Owner's Agent Signature Date

Developer's Signature Date

No "Town of Barton Zoning Application Form" shall be accepted by the Town of Barton until all of the required items set forth in this Application, as applicable to the type of application being made, have been provided to the Town of Barton including all applicable application fees.

*Applications shall be filed with
the Town Clerk
(or other Town Board authorized agent)*

FOR TOWN OF BARTON OFFICE USE ONLY

Date Application Filed: _____ File No: _____

ADMINISTRATIVE DEADLINES:

Date Set for:

Date:

- | | | | |
|--------------------------|--|-------|-------|
| <input type="checkbox"/> | Zoning Administrator
(as required) | _____ | _____ |
| <input type="checkbox"/> | Town Engineer
(as required) | _____ | |
| <input type="checkbox"/> | Plan Commission Review/Action
(as required) | _____ | |
| <input type="checkbox"/> | Town Board Review/Action
(as required) | _____ | |
| <input type="checkbox"/> | Zoning Board of Appeals Review/Action
(as required) | _____ | |
| <input type="checkbox"/> | Advertisement/Public Notice
(as may be required) | _____ | |
| <input type="checkbox"/> | Public Hearing
(as may be required) | _____ | |

Fees: Fee Amount \$ _____

 Amount Paid \$ _____

 Fee Receipt No. _____

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- ☐ Zoning Text Amendment Petition
- ☐ Special Use Permit Application
- ☐ Appeal
- ☒ Variance
- ☐ Interpretation

REQUIRED INFORMATION:

Please provide the following applicable information:

1. Town of Barton Tax Key Identification Number of Property:

T2 0531006

2. Location of Property (also, please attach legal description and/or boundary survey of property):

SE-SE SEC 36 T12N R19E

3. Applicant/Petitioner Name: Jean Welyen

Telephone Number: 707 -

Address: 2630 Newark Dr
West Bend WI 53090

Applicant/Petitioner is (check all that are applicable):

Property Owner

☒

Owner's Agent

☐

Developer

☐

Other (specify)

☐

4. Property Owner: Jean Welyen

Telephone Number: 707

Address: 2630 Newark Dr
West Bend WI 53090

5. Owner's Agent: _____
Telephone Number: _____
Address: _____

6. Developer Name: _____
Telephone Number: _____
Address: _____

7. Subdivision/Development Name (if applicable):

8. Zoning District Classification(s) of Property (per Town of Barton Zoning Ordinance Designation):

Present: _____ Proposed: _____

9. Town of Barton Land Use Plan Land Use District Designation(s):

Present: _____ Proposed: _____

10. Present Use(s) of Property: _____
(also indicate SIC-Standard Industrial Classification-Code Number)

11. Proposed Use(s) of Property: _____
(also indicate SIC-Standard Industrial Classification-Code Number)

12. Area of the Property (acres/square feet): 5.72 ACRES

REQUIRED SIGNATURE(S) FOR ALL TYPES OF APPLICATIONS:

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

Jean Welshen
Property Owner's Signature

8-21-24
Date

Property Owner's Signature

Date

OTHER REQUIRED APPLICABLE SIGNATURES:

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

Applicant/Petitioner Signature

Date

Owner's Agent Signature

Date

Developer's Signature

Date

No "Town of Barton Zoning Application Form" shall be accepted by the Town of Barton until all of the required items set forth in this Application, as applicable to the type of application being made, have been provided to the Town of Barton including all applicable application fees.

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the Town Clerk
(or other Town Board authorized agent)*

FOR TOWN OF BARTON OFFICE USE ONLY

Date Application Filed: _____ File No: _____

ADMINISTRATIVE DEADLINES:

Date Set for:

Date:

- | | | | |
|--------------------------|--|-------|-------|
| <input type="checkbox"/> | Zoning Administrator
(as required) | _____ | _____ |
| <input type="checkbox"/> | Town Engineer
(as required) | _____ | |
| <input type="checkbox"/> | Plan Commission Review/Action
(as required) | _____ | |
| <input type="checkbox"/> | Town Board Review/Action
(as required) | _____ | |
| <input type="checkbox"/> | Zoning Board of Appeals Review/Action
(as required) | _____ | |
| <input type="checkbox"/> | Advertisement/Public Notice
(as may be required) | _____ | |
| <input type="checkbox"/> | Public Hearing
(as may be required) | _____ | |

Fees: Fee Amount \$ _____

 Amount Paid \$ _____

 Fee Receipt No. _____

Town of Barton

3482 Town Hall Road
Kewaskum, WI 53040
Phone: (262)334-2765

Building Permit Application

Permit #-

Tax Key-

T2 053100G

Owner's Name	Mailing Address, City, State, Zip Code	
JEAN R. WELZIE	2630 NEWARK DR ^E WEST BEND WI 53090	
Project address	Owner's phone #, include area code	
2630 NEWARK DR - E	262-707-2162	
Contractor's name	Contractor's Mailing address, city, state, zip code	
Contractor's Dwelling Contractor (DC) #:	Phone #, include area code	Fax #
Dwelling Contractor Qualifier (DCQ) #:		

Type of project

- ☐ New one and two-family residence
☐ Commercial/industrial/multi-family
☒ Accessory buildings (120 Sq. ft. or over)
☐ Additions
☐ Deck, Pool, Fence

- ☐ HVAC (Add or replace AC, replace furnace etc.)
☐ Alteration (Reroof, siding, windows, interior remodel, finish basements)
☐ Other

Project Description: GARAGE Out Building**Used for:****Estimated Cost:** \$58,000⁰⁰**Needed with Application**

- ☐ Wash. Co. Planning and Parks Dept. sign off sheet-if in area beyond 1000 ft. of body of water/wetlands or Wash. Co. Shoreland zoning permit if within 1000 ft. of body of water/wetland (These are not needed for Alterations, or HVAC)
☐ 2 sets of building plans (3 sets if you want copy returned)
☐ 2 copies of survey or site plan- showing location of proposed structure (can be sketched on survey/site plan) (3 sets if you want copy returned)
 (These are not needed for Alterations, or HVAC)

Signature of Applicant:**Date:**

The applicant agrees to comply with the Municipal Ordinances, State of WI Building Codes, and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate.

To request an inspection: call the Building Inspector at number listed. Please give project address, permit # if possible, and type of inspection. Please give at least 24 hour notice on all inspections. 48 hour notice on footing inspections if possible.

***Drop off completed application at Town Hall or contact Building Inspector**

Certified Building Inspector

Jeremy Pfeifer

Office: 262-629-1774

Cell: 262-689-7346

License #: 1293974

Email: jeremy@jpbldginspections.com

Accepted by _____ Date _____ Paid _____

Office use only

Basement SF-	Garage SF-	HVAC-	Plan Review-
Living space SF-	Decks/Porch SF-	Erosion-	Inspection-
Commercial SF-		Zoning-	Occupancy-
		Other-	WI Seal-
			TOTAL-

Issued: / /20



Do I need a Permit from the County? Landowner/Contractor Self-Certification

By completing the following Permit Triggers Checklist and associated instructions I have verified that my proposed project does not need a permit from Washington County or will impact the septic system on the property identified below.

By answering **YES** to any of the following questions, a County Permit or Approval may be required and will need to be obtained either prior to or in conjunction with the local government permits or approvals.

County Highway: Right-of-Way / Access Permit

☐ YES ☒ NO

- My property is along a County Highway and will require a separate access/driveway to road.
- The construction activity of my project will occur within the Road Right-of-Way.

Shoreland-Wetland-Floodplain Zoning

☐ YES ☒ NO

- The area of ground disturbance of my project will be within the Shoreland Zone based on the County's GIS Map.

Private Onsite Wastewater Treatment System

☐ YES ☒ NO

- My project is a new home, business or will need a connection to the septic system.
- My project increases the number of bedrooms of the home on the property.
- My project/structure will be close to the septic system drain field, within 15 feet from the field or base of the mound.
- My project/structure will be close to the septic tank or holding tank, within 5 feet from the edge of tank (add an additional 10 feet if measuring from the edge of the tank cover).

Erosion Control and Stormwater Management

☐ YES ☒ NO

- My project will have more than: 4,000 square feet of ground disturbance; 400 cubic yards of excavation/fill; and/or disturb 300 lineal feet of a ditch or swale.
- My project adds more than 20,000 square feet of impervious surfaces including gravel, that did not exist prior to year 2000.
- My project involves the construction of a new public or private road that will serve two (2) or more homes.

Nonmetallic Mining

☐ YES ☒ NO

- My project involves the extraction and sale of nonmetallic minerals that include, but are not limited to, stone, sand, gravel, asbestos, beryl, diamond, clay, coal, feldspar, peat, talc, and topsoil.

Owners Name: JEAN R. WELZIEU Tax Key # T20531006

Property Address: 2630 NEWARK DR-E WEST BEND WI 53090

Phone - Home/Cell: 262-707-2162 Email: jeanwelzieu@gmail.com

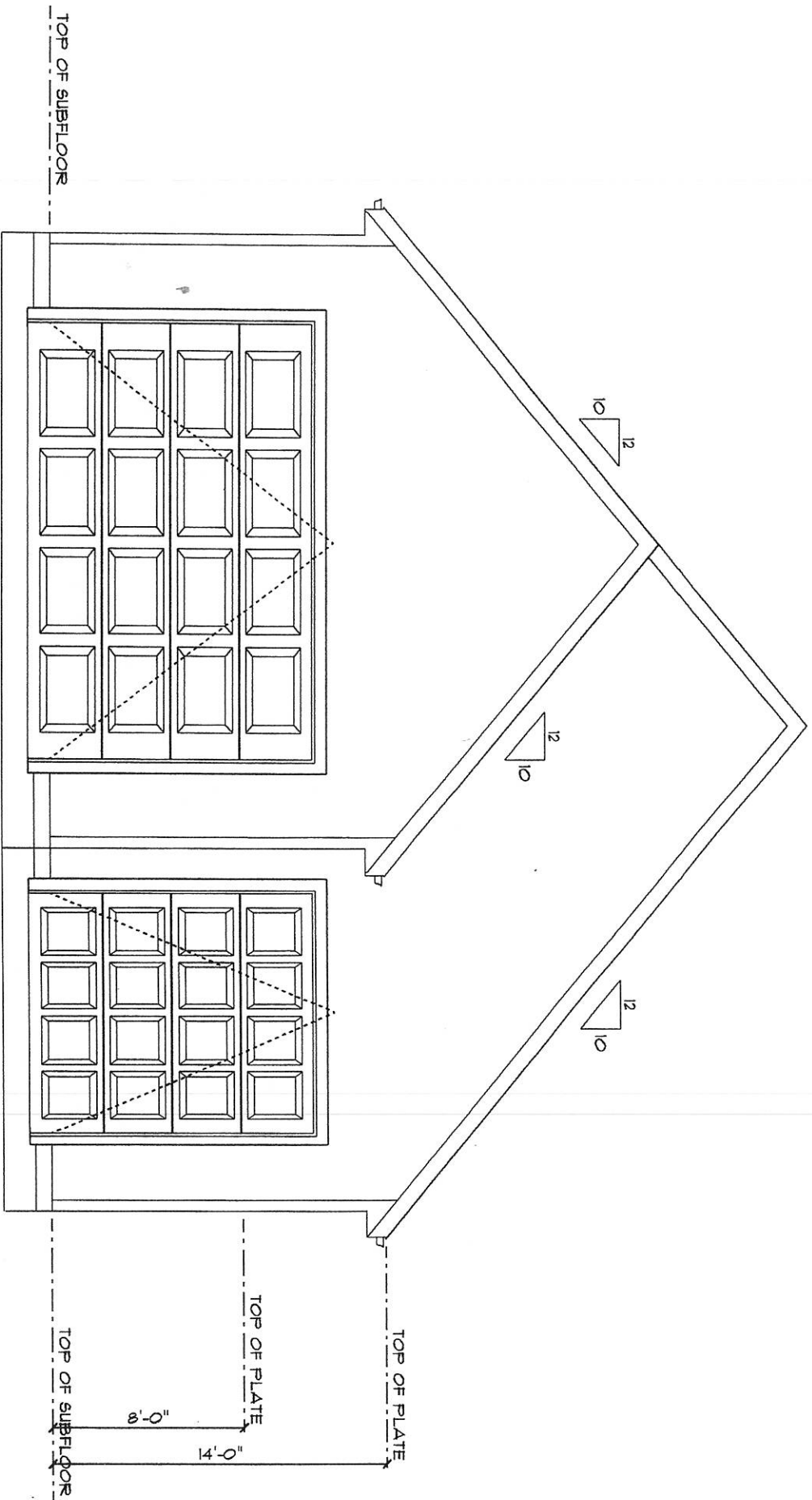
Brief description of project: GARAGE-out building

I assume full responsibility if I neglect or misrepresent the location or scope of my project for any fees, fines or requirements associated with the above regulations and for any damage or function to the property's septic system.

Signature: Jean R. Welzien

Date: 8/21/24

NOTICE TO APPLICANT: Present this form to your local municipality to apply for your building permit, please note that permits may also be required from other agencies including the State Department of Natural Resources, and/or U.S. Army Corps of Engineers.



FRONT ELEVATION

