

Town of Barton
GENERAL ZONING
*(to be completed for all
zoning related applications)*
Application Form

ATTN: STEVE WENDELBOHN

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 014900D

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

7148 TOWNLINE RD. WEST BOND, WI 53090

3. Applicant/Petitioner Name: MICHAEL CAMPANELLI

Telephone Number: 262-391-7757

Address: 7148 TOWNLINE RD.

WEST BOND, WI 53090

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

Property Owner

☒

Owner's Agent

☐

Developer

☐

Other (specify)

☐

4. Property Owner: MICHAEL CAMPANELLI

Telephone Number: 262-391-7757

Address: 7148 TOWNLINE RD.

WEST BOND, 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: R-4 Proposed: _____
9. Town of Barton Land Use Plan Land Use District Designation(s):
Present: R-4 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): .92 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:

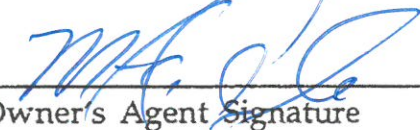
 1/15/25
Property Owner's Signature Date

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:

 1/15/25
Applicant/Petitioner Signature Date

 1/15/25
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. _____

Town of Barton

ZONING PERMIT

ZONING MAP AMENDMENT

ZONING TEXT AMENDMENT

SPECIAL USE PERMIT

Application Form

ZONING PERMIT:

Application for a Zoning Permit shall be made in duplicate to the Zoning Administrator for Zoning Administrator consideration of the intended use. The Zoning Permit shall include the following:

1. A Site Plan and/or Plat of Survey of the property in a form and indicating information and data as set forth under the requirements of Section 6.0103 (as applicable) of the Town Zoning Ordinance.
2. A Sanitary Permit when such Sanitary Permit is required under the provisions of Chapter 25 "Sanitary Code" of the Washington County Code as amended.
3. Description of the type of structure (if applicable, attach additional sheets and/or drawings as necessary):

DETACHED GARAGE / POLE BUILDING

4. Describe in detail the existing use or operations of the premises (*attach additional sheets and/or drawings as necessary*):

SINGLE FAMILY HOME

5. Describe in detail the proposed use or operations of the premises (*attach additional sheets and/or drawings as necessary*):

ADDITIONAL GARAGE SPACE

6. Indicate the number of employees at the subject property: _____
7. Expected Completion Date: 10/1/25

ZONING MAP OR TEXT AMENDMENT PETITION:

1. Petitions for any change in the district boundaries or amendments to the regulations shall include the following:
 - a. Name, address, and telephone number of the petitioner for a zoning amendment; agent; and tax key numbers, names, and addresses of all property owners of all properties lying within five hundred (500) feet of the area proposed to be rezoned.
 - b. A plot plan drawn to scale of one inch equals one hundred feet (1"=100') showing the area proposed to be rezoned, its location, its dimensions, the location and classification of adjacent zoning districts, and the location and existing use of all properties within five hundred (500) feet of the area proposed to be rezoned.
 - c. A complete legal description of the property for which a change in zoning is requested. In the case of a proposed Zoning Ordinance text amendment, the petitioner shall provide a copy of the text proposed to be changed as well as the new text being proposed by the petitioner.
 - d. A general description of the proposed development of the property.
 - e. A Site Plan of the proposed development of the property meeting the requirements set forth under Division 6.0100 of the Zoning Ordinance.
 - f. A Landscape Plan meeting the requirements set forth under Division 6.0300 of the Zoning Ordinance. Any required bufferyard easements shall be so noted on the Landscape Plan.
 - g. If natural resource features are present on the subject property, as defined in Divisions 4.0100 and 9.0100 of the Zoning Ordinance, a Natural Resource Protection Plan meeting the requirements set forth in Division 6.0200 of the Zoning Ordinance.
 - h. Site Intensity and Capacity Calculations meeting the requirements set forth in Division 3.0500 of the Zoning Ordinance and in the prescribed format set forth in the Town's application form.
 - i. Architectural Plans (as applicable) of the proposed development of the property meeting the requirements set forth under Division 6.0400 of the Zoning Ordinance.
 - j. Any additional information may be required by the Plan Commission or the Town Board.

2. State the reason for the Zoning Map Amendment Petition and indicate how the change of the zoning district will not be detrimental to the majority of persons or properties in the surrounding area, or to the Town of Barton in general *(attach additional sheets and/or drawings as necessary)*:

3. In the case of a Zoning Ordinance text amendment, indicate the present Town of Barton Zoning Ordinance text *(please insert Town of Barton Zoning Ordinance text reference, attach additional sheets as necessary)*:

4. In the case of a Zoning Ordinance text amendment, indicate the requested and proposed Town of Barton Zoning Ordinance text amendment *(attach additional sheets as necessary)*:

5. In the case of a Zoning Ordinance text amendment, indicate the reason for the request and indicate how the change of the Town of Barton Zoning Ordinance text will not be detrimental to the Town of Barton in general *(attach additional sheets and/or drawings as necessary)*:

3. Describe in detail the proposed use or operations of the premises (*attach additional sheets and/or drawings as necessary*):

GARAGE / STORAGE

4. Indicate the number of employees at the subject property: _____
5. Expected Completion Date: 10/1/25
6. Describe the reasons for the Special Use Permit request (*attach additional sheets as necessary*):

IN NEED OF ADDITIONAL GARAGE SPACE FOR VEHICLES /
STORAGE OF PERSONAL BELONGINGS.

7. Describe the reasons why the request should be granted showing adequate evidence that the proposed special use will conform to the standards set forth in Division 3.0700 of the Zoning Ordinance (*attach additional sheets as necessary*):

Owners of Property within 500 Feet

Property Tax Key Number:	Owner Name and Address:
T2 - 0149004	DAVID + BARBARA HELLER
	4897 SUSAN LEE CT
	WEST BEND, WI 53090
T2 - 0149005	KENT + THERESE MOTZKUS
	4891 SUSAN LEE CT
	WEST BEND, WI 53090
T2 - 0149006	KIM ROELL
	4865 SUSAN LEE CT
	WEST BEND, WI 53090
T2 - 0149004	LYLE + SUSAN LACHARITE
	7140 TOWNLINE RD.
	WEST BEND, WI 53090
T2 - 0149012	DAVID + ROBIN BEHME
	4737 SUSAN LEE CT.
	WEST BEND, WI 53090
T2 - 0149011	SHARON MOORE
	4751 SUSAN LEE CT
	WEST BEND, WI 53090
T2 - 014900C	GARY + KAREN RANKIN
	7120 TOWNLINE RD.
	WEST BEND, WI 53090
T2 - 014900B	JOHN + KAY RUTLAND
	7100 TOWNLINE RD.
	WEST BEND, WI 53090
T2 - 0149013	MATTHEW + KIMBERLY HANDERLAND
	4734 SUSAN LEE CT
	WEST BEND, WI 53090

FOR TOWN OF BARTON OFFICE USE ONLY

Zoning Permit:

1. Review of plans by the Zoning Administrator:

Date Zoning Administrator Review Completed: _____

Signature of Reviewer

Date

Date Zoning Administrator Transmits Plans to Plan Commission for
Review and Consideration: _____

2. Review of plans by the Plan Commission:

Date Plan Commission Review Completed: _____

☐ Approved

☐ Denied

☐ Approved with Conditions *(please attach list of conditions)*

Signature of Plan Commission Chairman

Date

3. Date Zoning Permit Issued by Zoning Administrator: _____

FOR TOWN OF BARTON OFFICE USE ONLY
(continued)

Zoning Map or Text Amendment:

1. Review of zoning map or text amendment by the Plan Commission:

Date of Plan Commission Public Hearing: _____

Date Plan Commission Review Completed: _____

- ☐ Recommend Approval
- ☐ Recommend Denial
- ☐ Recommend Approval with Modifications
(please attach modifications)

2. Review of zoning map or text amendment by the Town Board:

Date of Town Board Action: _____

- ☐ Approved
- ☐ Denied
- ☐ Approved with Modifications
(please attach list of modifications)

FOR TOWN OF BARTON OFFICE USE ONLY
(continued)

Special Use Permit:

1. Review of plans by the Plan Commission:

Date of Plan Commission Public Hearing: _____

Date Plan Commission Review Completed: _____

- ☐ Recommend Approval
- ☐ Recommend Denial
- ☐ Recommend Approval with Conditions
(please attach list of conditions)

2. Review of plans by the Town Board:

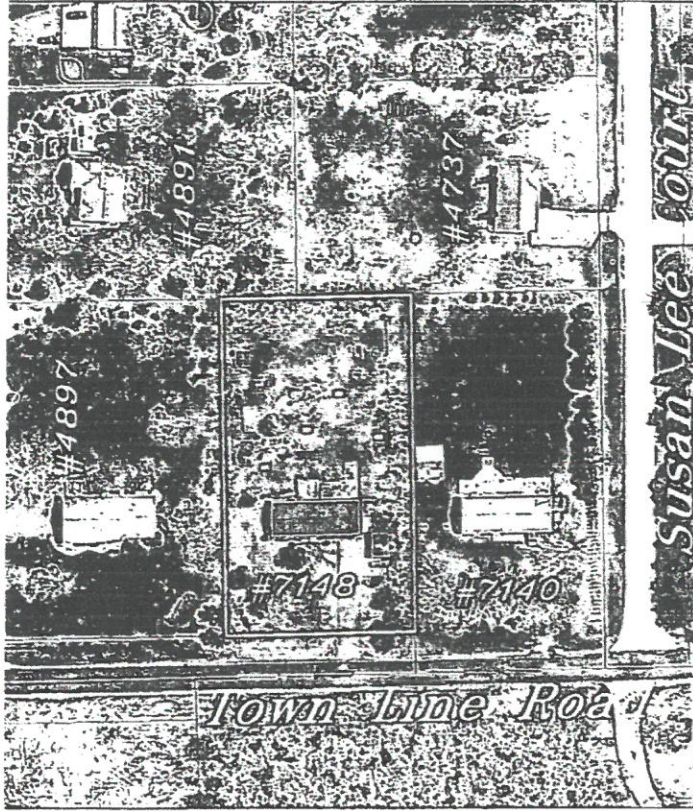
Date of Town Board Review Completed: _____

- ☐ Approved
- ☐ Denied
- ☐ Approved with Conditions
(please attach list of conditions)

Certified Survey Map No. 456. Part of
the SW 1/4 of the NW 1/4 of Section 6,
T11N, R19E, Town Of Barton,
Washington County, Wisconsin.

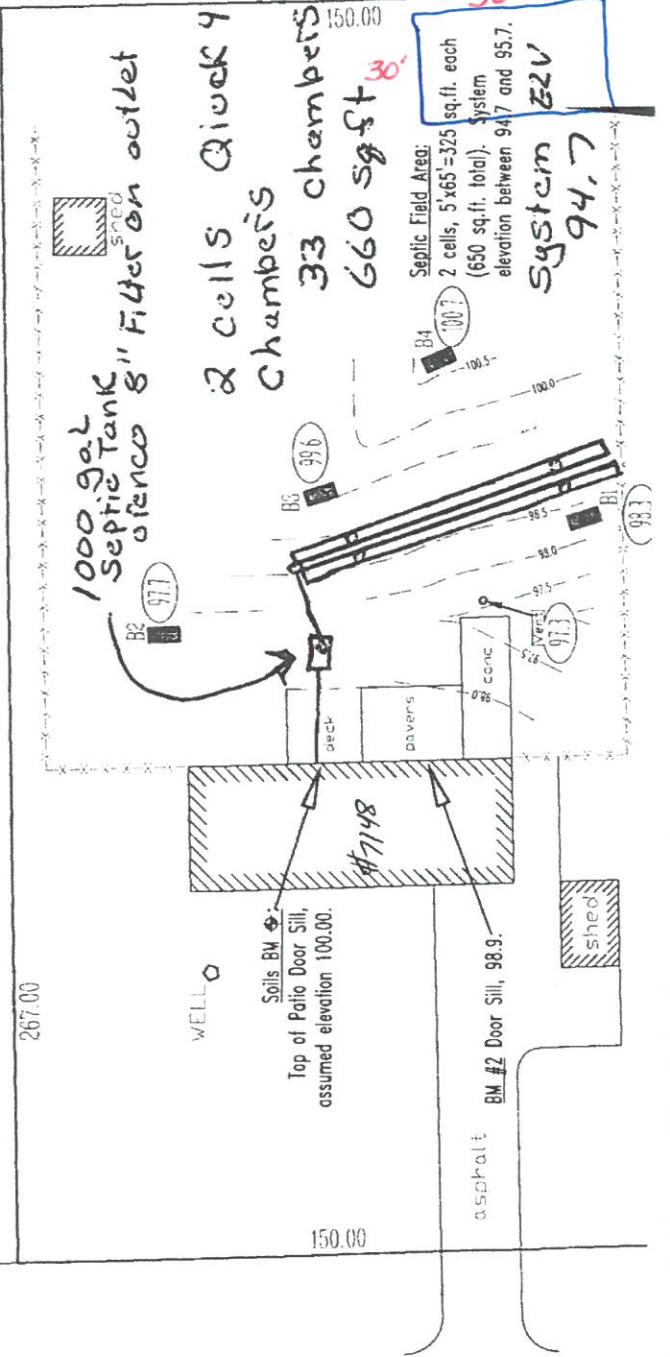
RECEIVED
OCT 11 2017

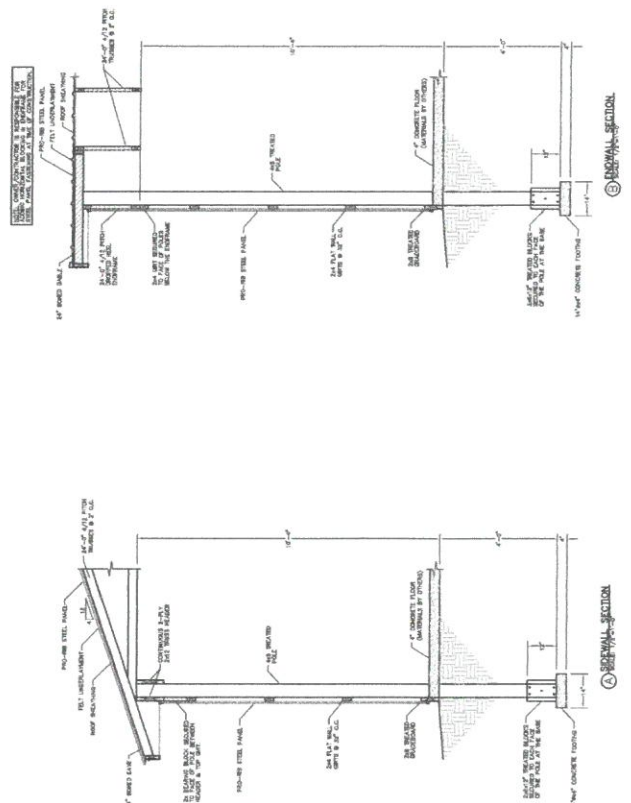
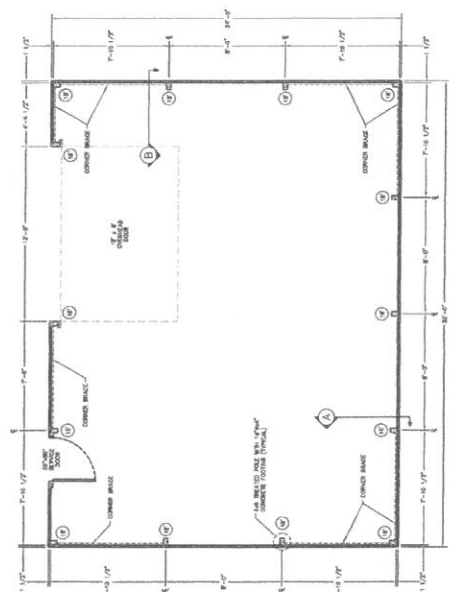
WASHINGTON COUNTY
PLANNING AND PARKS DEPT

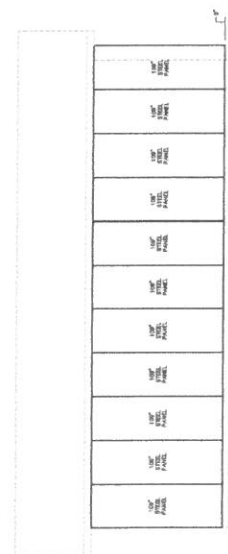
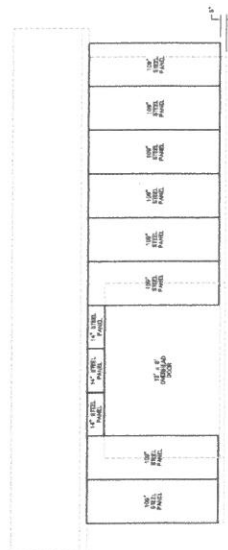
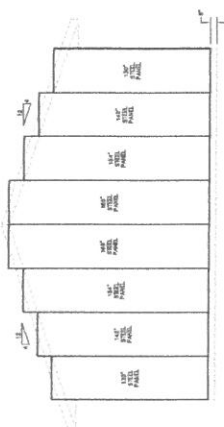
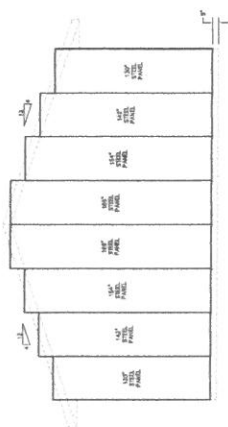
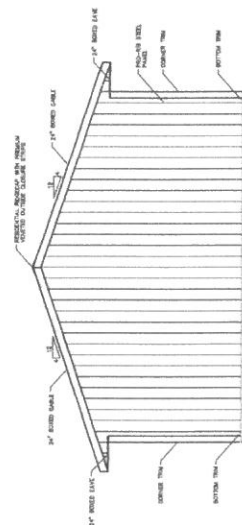
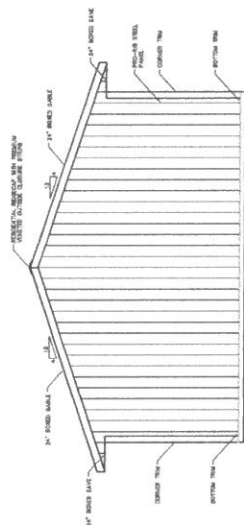


ADDITIONAL GARAGE LOCATION


SE CORNER OF LOT.



[illegible]



WALL STEEL LAYOUTS

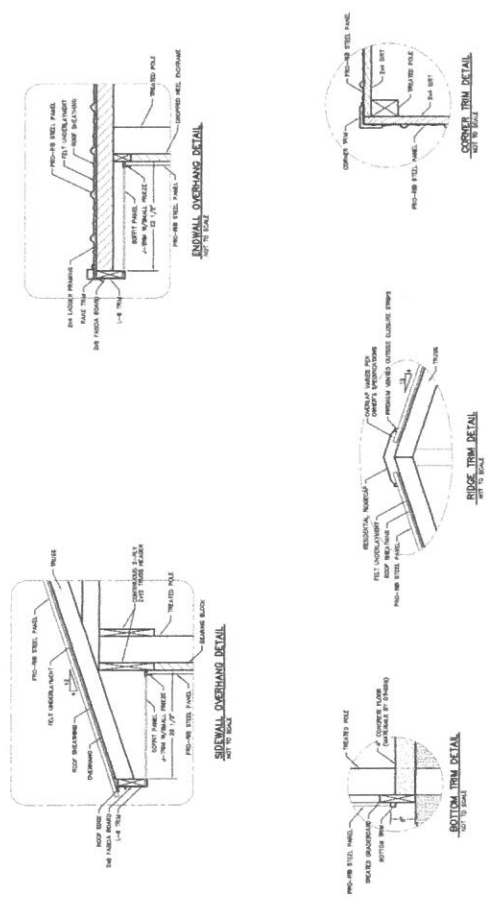
	CODE EXEMPT PRINT <small>8000 SAME OR, 1000 CLARK, 10 0000 7700 0000-0000</small>	
	PROJECT TITLE:	
	GUEST NAME	CITY, STATE
F.F. NAME:	XIN-000000000000	

ADAPTATION & UTILIZATION OF THIS PLAN

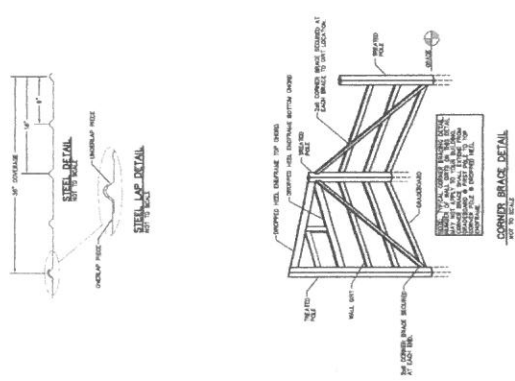
DIAGNOSIS
WHEN THE PATIENT HAS A HISTORY OF RASHES, IT IS IMPORTANT TO ASK THE PATIENT ABOUT THE PRESENCE OF RASHES OVER THE LAST 12 MONTHS. DO NOT SCALE DOWN THE

NOTE: NOT ALL THE DETAILS PROVIDED ON THIS WORK-SHEET PAGE MAY APPLY TO YOUR BUILDING.
PLEASE REFER TO YOUR BUILDING BLUEPRINTS FOR DIMENSIONS AND MATERIAL SPECIFICATIONS. IF FURTHER INFORMATION IS REQUIRED.

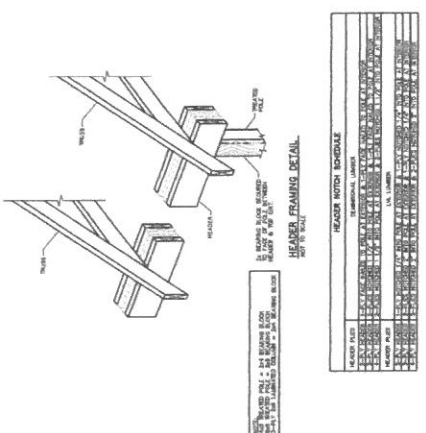
OVERHANG AND TRIM DETAILS



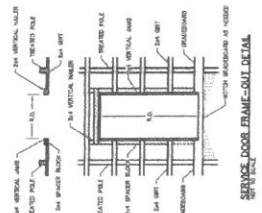
MISCELLANEOUS DETAILS



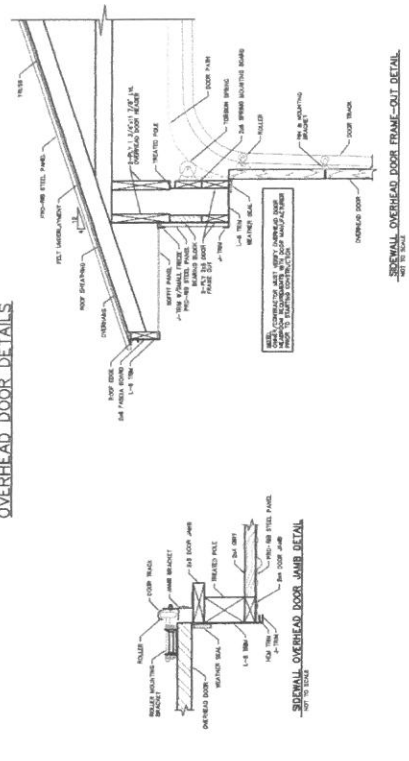
HEADER INSTALLATION DETAIL



SERVICE DOOR DETAIL



OVERHEAD DOOR DETAILS





CODE EXEMPT PRINT
THIS PRINT IS NOT TO BE USED FOR ANY OTHER PROJECT.
PROJECT TITLE: _____

GUEST NAME
CITY, STATE

FILE NAME: 304-0000000000

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