



# Site Plan Review - Residential Town of West Bend, Wisconsin

Version: January 1, 2024

**Town of West Bend**  
6355 County Hwy Z  
West Bend, WI 53095

**OFFICE USE ONLY**

**Application Number:** \_\_\_\_\_ **Total Fee: \$** \_\_\_\_\_ **Fee Received By:** \_\_\_\_\_

**Instructions:** Fill out this form as it applies to your project. Some parts may not apply.

**Tax Key Number:** \_\_\_\_\_ **Property Address:** \_\_\_\_\_

**Property Owner**

**Agent (if any)**

Name

Street address

City, state, zip code

Daytime telephone

Email address - Both Required

**Project Type**

- ☐ New house / addition
- ☐ Attached deck / addition
- ☐ Accessory building / addition
- ☐ Fence
- ☐ Garage on a garage lot
- ☐ Above-ground swimming pool/elevated deck
- ☐ In-ground swimming pool
- ☐ Hot tub
- ☐ Other: \_\_\_\_\_

**General Description of Project**

**Zoning Information** (select all zoning districts that apply)

	R-1N	R-1R	R-1S	R-1S /SMU	B-1	B-2	M-1	C-1	C-2	P-1
Subject property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-	-	-	-	-
Abutting on left side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abutting on right side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abutting on back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Building Setbacks**

	Minimum Distance per Zoning Code (feet)	Proposed Distance (feet)
Front-yard setback (measured from building foundation to <b>front</b> lot line)	<div></div>	<div></div>
Side-yard setback (measured from building foundation to <b>left</b> lot line)	<div></div>	<div></div>
Side-yard setback (measured from building foundation to <b>right</b> lot line)	<div></div>	<div></div>
Rear-yard setback (measured from building foundation to <b>back</b> lot line)	<div></div>	<div></div>

**Floor Area of Buildings** (in square feet from exterior wall to exterior wall)

	Existing		Proposed		Total
Principal building (first floor)	<div></div>	+	<div></div>	=	<div></div>
Principal building (second floor)	<div></div>	+	<div></div>	=	<div></div>
Attached garage	<div></div>	+	<div></div>	=	<div></div>
Detached building (#1)	<div></div>	+	<div></div>	=	<div></div>
Detached building (#2)	<div></div>	+	<div></div>	=	<div></div>
Total	<div></div>		<div></div>		<div></div>

**New Building with a Basement**

Elevation of top of foundation \_\_\_\_\_ (This should be shown on the grading plan.)  
 Elevation of top of footing \_\_\_\_\_ (This should be shown on the grading plan.)

**Type of Basement Exposure**

- ☐ Walkout (basement wall includes a walkout door at grade)  
☐ Window lookout exposure (bottom of windows are above grade)  
☐ No exposure (may include small windows near top of wall or full egress windows)

**Height of House** Select the lot type and provide the building heights as indicated. Building height is measured from the surrounding grade to the highest peak. These should also be shown on the building elevations.

☐ **Lake Lot** ☐ **Interior Lot** ☐ **Corner Lot**

-- street --

**Sanitary Permit (if required)**

- ☐ Washington County Septic Permit No. \_\_\_\_\_  
☐ Silver Lake Sanitary Permit No. \_\_\_\_\_

**Washington County Shoreland Zoning Permit No.** \_\_\_\_\_ (if required)

**Applicant certification**

- I certify that all of the information in this application, along with any attachments, are true and correct to the best of my knowledge and belief.
- I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials or view it online.
- I understand that the Zoning Administrator will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be fully reviewed until it is deemed to be complete.
- The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such service fees incurred by the Town to the property owner, even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fee incurred by the Town, even if the request is not approved.

Property Owner Signature(s): (required)

Date:

\_\_\_\_\_  
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