

CITY OF HORICON

404 EAST LAKE STREET
HORICON WI 53032

MEETING NOTICE

DATE ISSUED: August 5, 2020

BY: Daryl Levenhagen

ZONING BOARD OF APPEALS

ATTENDEES:

Daryl Levenhagen 5-2888

David Berggren

5-4248

Dave Boersma 5-6691

Craig Halsema

5-9736

Ken Metzdorf 5-4778

Scott Giesen (1ST Alt)

Chris Spilker (Secr)

5-3500

DATE: Wednesday, August 19, 2020

TIME: 4:30 p.m.

LOCATION: City Hall, Activity Room

LEADER: Daryl Levenhagen, Chairman

AGENDA:

1. Call to order.
2. Roll call.
3. Approve minutes of March 16, 2020.
4. Public Hearing for variance application to erect a 6 feet x 20 feet deck with a front yard setback of 24 feet located in a R-1 Residential District; Jason/Marie Fenske.
5. Act on variance application to erect a 6 feet x 20 feet deck with a front yard setback of 24 feet located in a R-1 Residential District; Jason/Marie Fenske.
6. Non-Action Discussion.
7. Adjourn.

IF UNABLE TO ATTEND, PLEASE NOTIFY:

Daryl Levenhagen

PHONE: 485-2888

DATE POSTED: August 5, 2020

TIME POSTED: 12:00 p.m.

CITY OF HORICON
NOTICE OF PUBLIC HEARING ON ZONING APPEAL

The Zoning Board of Appeals of the City of Horicon will hold a Public Hearing Wednesday, August 19, 2020 at 4:30 P.M. in the Activity Room at City Hall, 404 E. Lake Street, to consider the following appeal:

Appeal for Jason and Marie Fenske, 901 E. Lake Street, to erect a 6 feet x 20 feet deck with a front yard setback of 24 feet.

This proposed action violates the following sections of the City of Horicon Zoning Ordinance:

SECTION 13-1-24 R-1 RESIDENTIAL DISTRICT (d) YARD AND SET BACK REGULATIONS (1) Minimum front yard: Twenty-five (25) feet.

Copies of the above code may be inspected at the City Clerk's office, 404 E. Lake St. during regular business hours.

All interested persons wishing to be heard are invited to be present.

ZONING BOARD OF APPEALS



Christine A. Spilker, Secretary

Note: Publish August 6, 2020

cc:

Jason/Marie Fenske
Katherine Lambo
Chad/Angela Krueger
Amy Christopherson/Tim Perry
Marco Arias/Karla Rocha
Anna/Jeffrey Ebner
Richard/Linda Watson
Michael/Karen Michalovitz
Shawn/Cynthia Neuendorf
James Gallant
Aaron Augustine
Thomas Genz
John Bosch/Joy Schraufnagel
Armando Fenandez
Matthew/Tiffanie Greuel
Lee Mueller/Tin Kaiser
James Gallant
Jenell Furger
Cristopher Baker/Stephanie Marx

Zoning Board of Appeals (7)
Kunkel Engineering Group, Building Insp.
Plan Commission (8)
Council (7)
City of Horicon

CITY OF HORICON APPLICATION FOR VARIANCE

Appeal from the decision of the Building Inspector concerning the literal enforcement of this Ordinance may be made by any person affected by such decision. Such appeals shall be filed within 30 days of written notice of the decision of the Building Inspector. No variance of the land use requirements of the Zoning Ordinance, City of Horicon, Dodge County, WI shall be allowed.

No variance to the provisions of this Ordinance shall be granted by the Board unless it finds beyond a reasonable doubt that all the following facts and conditions exist and so indicate in the minutes of the proceedings:

- (1) Exceptional Circumstances: There must be exceptional, extraordinary or unusual circumstances or conditions applying to the lot or parcel, structure, use or intended use that do not apply generally to other properties or uses in the same district and the granting of the variance would not be of so general or recurrent nature as to suggest that the Zoning Ordinance should be changed.
- (2) Preservation of Property Rights: That such variance is necessary for the preservation and enjoyment of substantial property rights possessed by other properties in the same district and same vicinity.
- (3) Absence of Detriment: That the variance will not create substantial detriment to adjacent property and will not materially impair or be contrary to the purpose and spirit of the Ordinance or the public interest.

Applicant: DAVID E. OLSON (CONTRACTOR) JASON?MARIE FENSKE

Address: 901 E. LAKE ST. HORICON, WI 53032

Variance requested for: FRONT DECK/PORCH BUILD 6x20

Opposite and Abutting Property Owners (Within 100 feet):

| | |
|----------|----------|
| Name(s): | Address: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

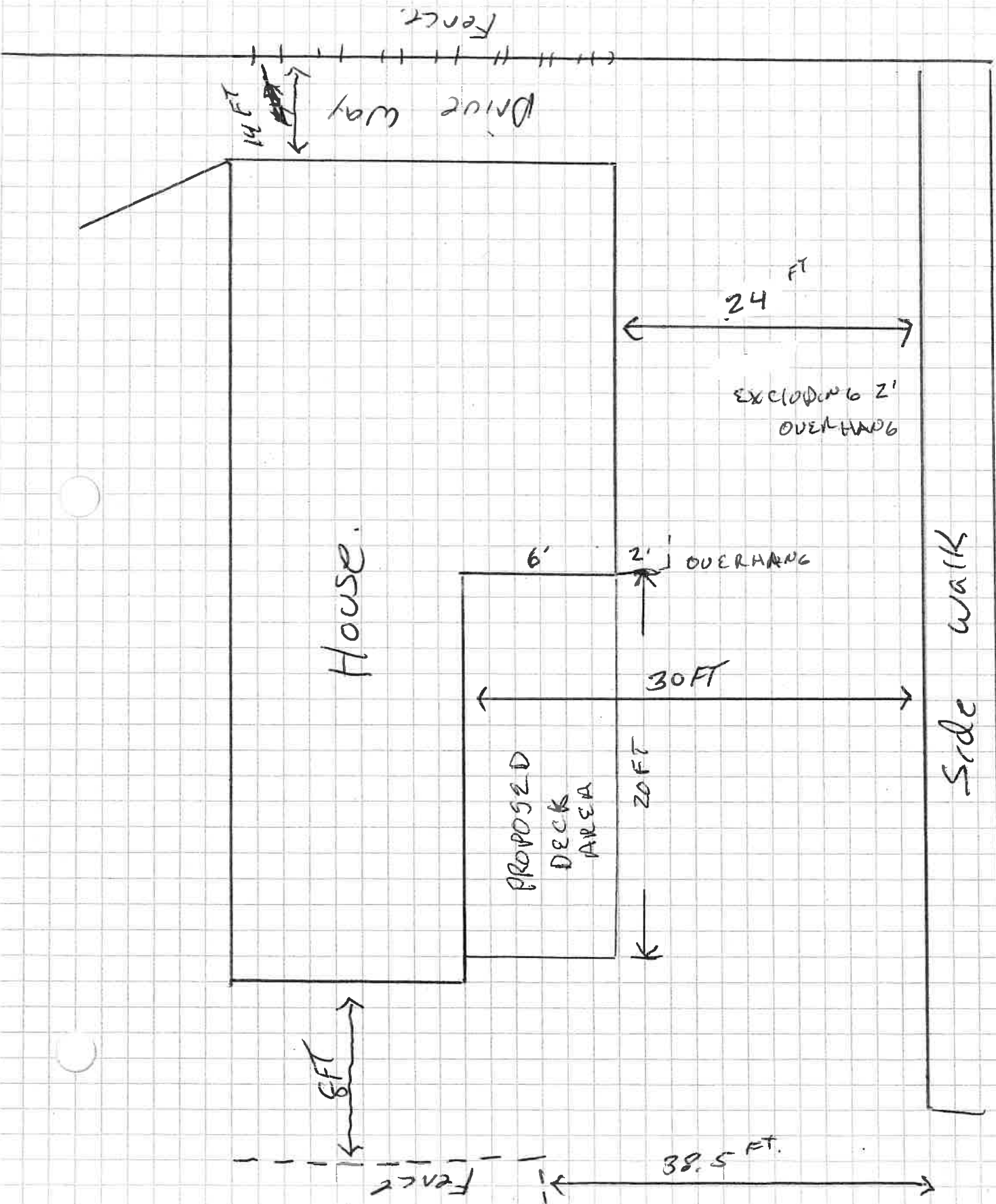
ATTACH COPY OF BUILDING PERMIT APPLICATION

Signature of Applicant:  Date: 10.28.19

Received by: _____ Date: _____

Board of Appeals Action: _____ Date: _____

Findings: _____





KUNKEL **K**
ENGINEERING GROUP
 (920) 356-9447
 (920) 382-6202 (mobile)

WISCONSIN UNIFORM BUILDING PERMIT APPLICATION
 City of Horicon
 404 East Lake Street
 Horicon, Wisconsin 53032

Permit No. _____
 Project Description:
DECK
 5/2019

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name: **JASON & MARIE FENSKE** Mailing Address: **901 E. LAKE ST. HORICON WI 53032** Tel: **920-296-4584**

Contractor's Name & Type: **OLSON BUILDERS, INC.** Lic/Cert #: **1327453** Mailing Address: **314 W LAKE, HORICON WI 53032** Tel. & Fax: **920-382-0818**

Contractor (Construction) **OLSON BUILDERS, INC.** Lic/Cert # **1327453** Mailing Address **314 W LAKE, HORICON WI 53032** Tel. & Fax **920-382-0818**

Dwelling Contr. Qualifier **STEPHANIE OLSON** Lic/Cert # **1327452** The Dwelling Constr. Qualifier shall be an Owner, CEO, COB or employee of the Dwelling Contractor. **920-382-0818**

HVAC _____

Electrical _____

Plumbing _____

DHS Lead Renovator Cert. No: _____ Exp. Date _____ DHS Lead Company Cert. No. _____ Exp. Date _____
 (If structure was built prior to 1978)

PROJECT LOCATION Lot Area _____ One acre or more of soil _____ Sq. Ft. will be disturbed _____ 1/4, of Section _____ T _____ N, R E (or) W _____

Building Address **HORICON 901 E. LAKE WI 53032** Subdivision Name **HENDERSONS PLAT** Lot No. **1** Block No. **1 HG**

Zoning District(s) _____ Zoning Permit No. _____ SETBACKS Front _____ Rear _____ Left _____ Right _____ ft. ft. ft. ft.

| | | | | | | | | | | | |
|---|---------------------------------|---|--------------------------------------|--|---|--|--------------------------|---|--------------------------|--------------------------|--------------------------|
| 1. PROJECT | | 3. OCCUPANCY | | 6. ELECTRIC | | 9. HVAC EQUIP. | | 12. ENERGY SOURCE | | | |
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Repair | <input checked="" type="checkbox"/> Single Family | Entrance Panel | <input type="checkbox"/> Furnace | Fuel | Nat Gas | LP | Oil | Elec | Solid | Solar |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Raze | <input type="checkbox"/> Two Family | Amps: _____ | <input type="checkbox"/> Radiant Basebrd | Space Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Move | <input type="checkbox"/> Garage | <input type="checkbox"/> Underground | <input type="checkbox"/> Heat Pump | Water Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other: | <input type="checkbox"/> Overhead | <input type="checkbox"/> Boiler | <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity. | | | | | | |
| 2. AREA INVOLVED (sq. ft.) | | 4. CONST. TYPE | | 7. WALLS | | 10. SEWER | | 13. HEAT LOSS | | | |
| | Unit 1 | Unit 2 | Total | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Central AC | <input type="checkbox"/> Municipal | | _____ BTU/HR Total | | | |
| Unfn. | | | | <input type="checkbox"/> Steel | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Sanitary Permit # _____ | | Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck Report.) | | | |
| Bsmt | | | | <input type="checkbox"/> ICF | <input type="checkbox"/> Other: | <input type="checkbox"/> On-Site Well | | 14. EST. BUILDING COST | | | |
| Living Area | | | | <input type="checkbox"/> TimberPole | 8. USE | <input type="checkbox"/> Municipal | | \$ 3500.00 | | | |
| Garage | | | | <input type="checkbox"/> Other: | <input type="checkbox"/> Seasonal | <input type="checkbox"/> On-Site Well | | | | | |
| Deck | 160 | | 160 | <input type="checkbox"/> Plus Basement | <input checked="" type="checkbox"/> Permanent | | | | | | |
| Totals | | | 160 | | <input type="checkbox"/> Other: | | | | | | |

The applicant agrees to comply with the Municipal Ordinance and with 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.

APPLICANT'S SIGNATURE *[Signature]* **DATE SIGNED** **10.14.19**

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

INSPECTIONS NEEDED: Building: Footing Rough Insulation Basement Flr Final
 Electric: Rough Service Final Plumbing: Rough Underfloor Final HVAC: Rough Final

| | | | | | | | |
|-----------------|----------|--|--|---------------------------|--|--------------------------|--|
| FEES: | | PERMIT(S) ISSUED | | WI PERMIT SEAL NO. | | PERMIT ISSUED BY: | |
| Building: | \$ _____ | <input type="checkbox"/> Construction | | | | Name: _____ | |
| Plumbing: | \$ _____ | <input type="checkbox"/> HVAC | | | | Date: _____ Tel. _____ | |
| HVAC: | \$ _____ | <input type="checkbox"/> Electrical | | | | Cert No. _____ | |
| Electrical: | \$ _____ | <input type="checkbox"/> Plumbing | | | | | |
| WI Permit Seal: | \$ _____ | <input type="checkbox"/> Erosion Control | | | | | |
| Zoning: | \$ _____ | <input type="checkbox"/> Other: | | | | | |
| Other: | \$ _____ | | | | | | |
| Total | \$ _____ | | | | | | |

RECEIPT

Ck #: _____
 Amount: _____
 Date: _____
 From: _____
 Rec By: _____

PERMIT DENIED PENDING VARIABLE REQUEST 7/2/20 RF.

CITY OF HORICON APPLICATION FOR VARIANCE

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Name(s): _____ Address: _____

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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ATTACH COPY OF BUILDING PERMIT APPLICATION

Signature of Applicant:  Date: 10.28.19

Received by: _____ Date: _____

Board of Appeals Action: _____ Date: _____

Findings: _____

