

**City of Waukesha**  
Department of Community Development  
**BOARD OF ZONING APPEALS**  
201 Delafield Street, Waukesha, WI 53188

Stamp Date Received

**NOTICE:** The Board meets on the first Monday of every month at 4:00 p.m. in the upper level hearing room (207) at Waukesha City Hall. **ATTENDANCE OF THE APPLICANT OR A REPRESENTATIVE IS REQUIRED.** Failure to appear could result in the application being acted on without the applicant's input, or it could result in the item being removed from the agenda, requiring the applicant to reapply and pay another filing fee.

The appeal or application must be filed with the Community Development Department at least 17 days before the Board's meeting and within 20 days of the Zoning Inspector's order or decision, accompanied by the filing fee of **\$100.00**.

This application is for (choose one) 2A2

☒ A variance from section 22.58 of the zoning code ☐ An appeal from the decision of the Zoning Inspector

For the property identified below:

Project Address: 1024 MOTOR AVE WAUKESHA, WI Tax Key #: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

**ATTACH DETAILED DESCRIPTION OF PROPOSAL** including what is being requested, the rationale, and if a variance request, the facts and circumstances that satisfy the criteria for variance listed on the reverse of this form.

In order to be placed on the Board of Zoning Appeals agenda, the Community Development Department must receive the completed application, fee, project description, and a set of plans in PDF format by the applicable deadline. If this is an appeal from the decision of the Zoning Inspector, also attach a copy of the decision or order rendered by the Zoning Inspector and a statement of principal points on which the appeal is based. The Community Development Department - Planning Division should be consulted to assure an application is complete before being submitted.

**SEE REVERSE FOR DEADLINES AND ADDITIONAL INFORMATION.**

Applicant: (Person to receive notices)

Name: JOHN WORMHOUDT

Address: 1024 MOTOR AVE.

City & Zip: WAUKESHA, WI 53188

Phone: 816-509-8541

E-mail: JEWORMHOUDT@YAHOO.COM

Owner of property:

LISA ANDREWS

1024 MOTOR AVE

WAUKESHA, WI 53188

414-339-8146

LMANDREWS@YMAIL.COM

I certify that the above statements and the statements contained in the materials submitted with this application are true and correct.

  
Applicant Signature

4/12/21  
Date

**PLEASE NOTE: THIS FORM MUST BE ACCOMPANIED BY A \$100.00 FILING FEE**

For Internal Use Only

Amount Paid: _____	Check # _____	Received by: _____
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The purpose of the new shed is for tool storage and a woodworking hobby. The existing garage is not large enough for tool storage and the ability to park a vehicle in the garage. I have no intention of using the space to make a profit, nor is it being built to try to increase the property value. I have consulted with the neighbor and he has no issue with the new structure.

I have built the shed on an existing cement parking pad and anchored it with 3 -1/2" Tapcons every 2' along the right, left, and rear walls. the sheds exterior dimensions are 16'-0" x 11'-1/2" with a garage door size (8'-0" x 7'-0" approx.) opening in the front and a 3'-0" walk through door in the rear of the shed.

The existing dimensions of the current property were altered many years ago when approximately 1/2 of the lot was sold and a new home was built on the other half of the lot, making the current dimensions of the property smaller than a standard lot.

DEPARTMENT OF COMMUNITY DEVELOPMENT – BUILDING INSPECTION

PERMIT NUMBER

APPLICATION FOR BUILDING PERMIT

Job Address: 1024 MOTOR AVE, WAUKESHA, WI Today's Date: \_\_\_\_\_

The undersigned hereby applies for a permit to do work herein described according to the plans and specifications filed herewith. The undersigned agrees that such work will be done in accordance with the said descriptions, plans and specifications in compliance with the building, zoning and health ordinances and all other ordinances of the City of Waukesha and with all laws and orders of the state of Wisconsin applicable to said premises.

The undersigned further applies for a permit to occupy the premises described herein for the uses and purposes as herein set forth and in strict accordance with all the provisions of the City of Waukesha zoning and health ordinances and all other ordinances of the City of Waukesha and State of Wisconsin applicable to said premises.

Contracting Company owner Dwelling Contractor Certification # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Contractor's Name: \_\_\_\_\_ Dwelling Contractor Qualifier # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_

Owner LISA ANDREWS Telephone 414-339-8146  
Address 1024 MOTOR AVE. Do you have a Well or Septic? Yes ☐ No ☒  
City WAUKESHA State WI Zip 53188

☐ ☐ ☒ Check one: ☒ Single-Family ☐ Duplex ☐ Multi-Family ☐ Commercial  
Check one: ☐ New Building ☐ Alteration ☐ Repair ☐ Addition ☒ Accessory Bldg  
Square Footage of area being Added or Altered 160 SQ. FT. (9ft in height)

Proposed Project: STORAGE SHED Estimated Cost \$ 3,700.00

Licensed Electrical Contractor

Licensed Plumbing Contractor

Licensed HVAC Contractor

Architect / Designer / Engineer

This permit is in effect for 18 months from date of issue unless work is not started within 120 days of issue date, or activity ceases for more than 120 days, after which this permit shall lapse. If not used, that portion over the Plan Review Fee and an administrative fee of \$20.00 will be refunded by request before expiration. Double fees shall be charged if work is started before permit is issued. Work covered before inspection will be required to be totally exposed for inspection. Once notified that your permit has been issued, permit must be picked up within 25 working days. After this period, project will be marked null & void and all paperwork will be destroyed.

☒ I HAVE READ AND UNDERSTAND THE TERMS STATED ABOVE. (Must be checked in order to proceed with plan review.)

Print Name LISA ANDREWS

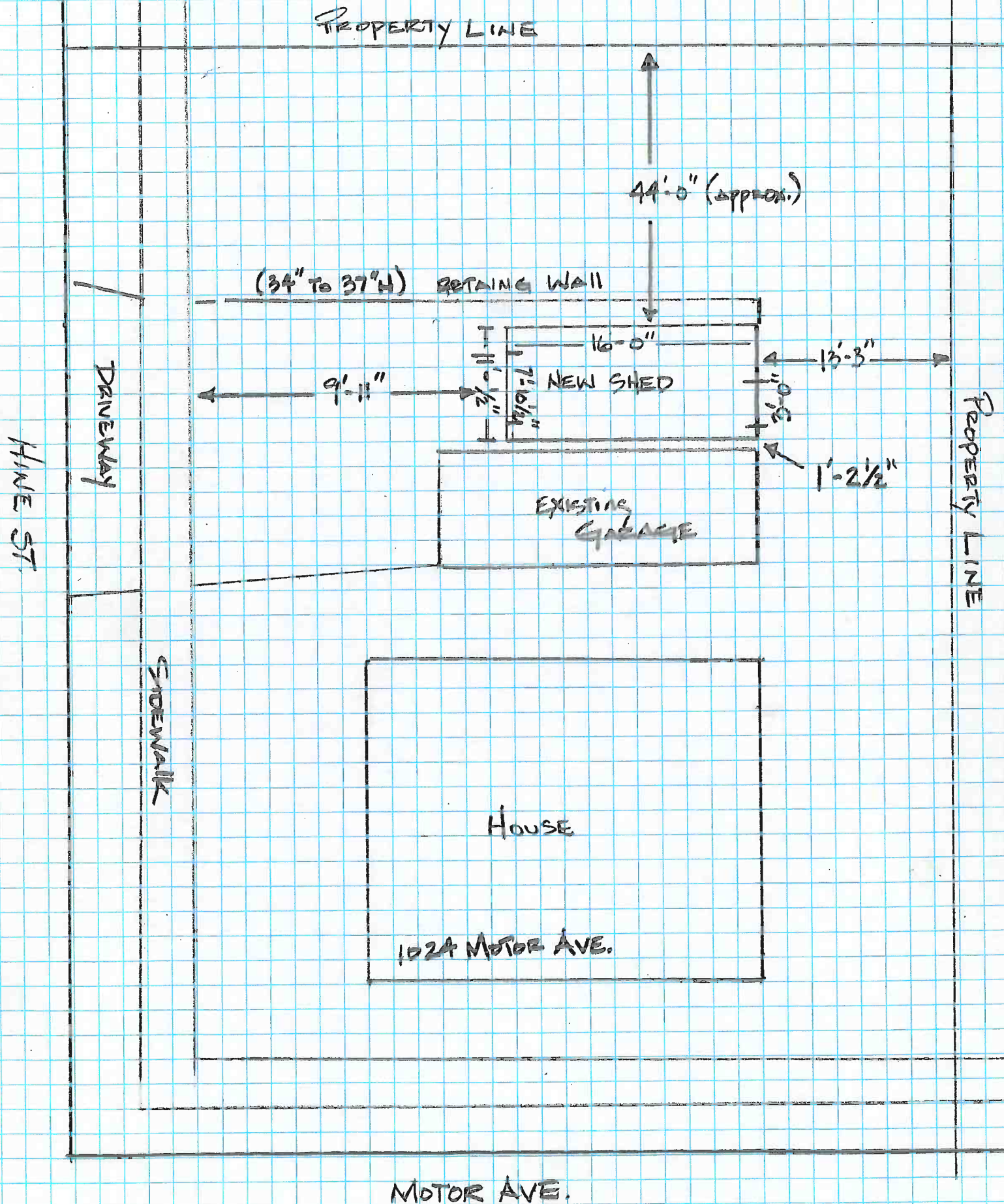
Email Address LM ANDREWS@YMAIL.COM

Signature / Date [Signature]

- FOR OFFICE USE ONLY -

Size _____	Footing and Foundation \$ _____
Zoning District _____ Historic _____	Plan Review \$ _____
Class _____ Use _____	Permit \$ _____
Building _____ Sq. Ft.	State Seal # _____ \$ _____
Garage _____ Sq. Ft.	Erosion Control \$ _____
Shed _____ Sq. Ft.	Occupancy \$ _____
Deck _____ Sq. Ft.	Fireplace \$ _____
Total _____ Sq. Ft.	Copies/Scan Fees \$ _____
	Assessor Fees \$ _____
Approved by: _____	Fire. Fees \$ _____
Authorized Signature/Date	TOTAL FEES \$ _____

NOT TO SCALE







42.0'

42.0'

NEW SHED

153.7'

42.3'

50.0'

50.0'

MOTOR AVE

HINDS AVE