

WALWORTH COUNTY
TEMPORARY LIVING QUARTERS
ZONING PERMIT SUPPLEMENT

RECEIPT # _____
ZONING PERMIT # _____
TAX PARCEL # _____

OWNER OF PARCEL: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ FAX # _____
E-MAIL ADDRESS: _____

PHYSICAL ADDRESS OF PARCEL: _____

LOT _____ BLOCK _____ SUBDIVISION _____
SECTION _____, TOWN OF _____

Please initial each statement:

- _____ I/WE acknowledge the Temporary Living Quarters approval is a one time request limited to 18 months from the date the Land Use and Resource Management approves the permit.
- _____ I/WE acknowledge that the temporary living quarters will be removed within 60 days of occupancy of the new residence or within 18 months of this approval, which ever comes first.
- _____ I/WE have applied for a zoning permit # _____ for the construction of a new single family residence.
- _____ I/WE have attached a copy of a signed and notarized (to be recorded) AGREEMENT TO ABATE by using forms provided by the Land Use and Resource Management Department.
- _____ I/WE have attached a copy of a plat of survey or site plan as required per Section 74-119/74-248 of the Walworth County Code of Ordinances.
- _____ I/WE acknowledge and understand that the temporary living quarters must comply with all setback requirements of Chapter 74 of the Walworth County Code of Ordinances.
- _____ I/WE acknowledge and understand that the temporary living quarters must comply with all well and sanitary regulations.

The undersigned hereby agrees to comply with Walworth County Code of Ordinances (Chapter 74) and the regulations for temporary living quarters pursuant to Section 74-38/74-163 of the Walworth County Code of Ordinances (Zoning/Shoreland Zoning). This permit shall be temporary and revocable and shall be issued for a period not to exceed eighteen (18) months.

Date: _____ Signed: _____
(property owner)

** FOR OFFICE USE ONLY **	
ZONING DISTRICT (S):	
<input type="checkbox"/> NOT IN SHORELAND <input type="checkbox"/> IN SHORELAND <input type="checkbox"/> FLOODPLAIN	
ZONING PERMIT NUMBER _____ TEMPORARY LIVING QUARTERS NUMBER _____	
PERMIT REVIEWED BY THE WALWORTH COUNTY ZONING DEPARTMENT REVIEW DATE: _____	
SANITARY APPROVAL (INITIALS) _____ SANITARY PERMIT NO. _____ DATE OF SANITARY PERMIT APPROVAL: _____	
ISSUING OFFICER: _____ ISSUE DATE: _____	
<p>CONDITIONS OF APPROVAL. This permit is issued subject to any Federal, State or Local restrictions. Each applicant for a zoning permit is charged with knowledge of the County Zoning Ordinances. Copies of the text of the Zoning Ordinances or portions thereof and copies of the official zoning maps are available for sale, copying or inspection upon request. Any statement made, site plan submitted, assurance given or permit erroneously issued contrary to the Zoning Ordinances is null and void. Any modification of approved permit requires zoning permit review and approval.</p> <input type="checkbox"/> This permit shall require the submittal of a foundation survey prepared by a Registered Land Surveyor, to the Zoning Department within 30 days of backfilling. Any violation may be subject to citations. <input type="checkbox"/> This permit shall require the applicant to call the Zoning Department at 262-741-4972 for an inspection to assure compliance with the setback requirements of the Zoning Ordinance. The applicant shall call the Zoning Department immediately upon backfilling the foundation. Lot boundaries shall be clearly identified for inspection. <input type="checkbox"/> This permit is not valid until all other applicable permits have been obtained.	
_____ OKAY TO ISSUE	
FEEES	PERMIT DENIED BY WALWORTH COUNTY ZONING DEPARTMENT
FEE _____ DOUBLE FEE _____ OTHER _____ TOTAL _____	NAME: _____ DATE: _____ ORDINANCE REQUIRES: _____ APPLICANT IS REQUESTING: _____
PERMIT EXPIRATION: PERMIT EXPIRES WITHIN EICHTEEN (18) MONTHS AFTER THE ISSUANCE OF THE PERMIT IF THE STRUCTURE FOR WHICH A PERMIT IS ISSUED IS NOT SUBSTANTIALLY COMPLETED.	

WALWORTH COUNTY - TEMPORARY LIVING QUARTERS REQUEST

At the time of application you will be required to submit all of the following:

1. Completed application form and \$450.00 fee (made payable to Walworth County);
2. Completed and notarized Agreement to Abate form.
3. Provide a plat of survey. The plat must be prepared by a Registered Land Surveyor and must show the location of existing and proposed structures on the parcel, proposed additions, etc. and the distances to the lot lines, body of water and right of ways;
4. The Temporary Living Quarters application, fee, plat, and Agreement to Abate is attached to a completed zoning permit application form for a new single family residence and fee.

AGREEMENT TO ABATE

THIS AGREEMENT, entered into this _____ day of _____, 20_____ by and

between the Walworth County Land Use and Resource Management Department and (print or type) _____

(Owner), who owns, real property located at _____

Tax parcel number _____.

Legal Description: _____

Return to: Walworth County Land Use and Resource Management, 100 W. Walworth P.O. Box 1001, Elkhorn, WI 53121

WITNESSED:

1. Walworth County and Owner/Occupant agree that the Temporary Living Quarters set forth in this Agreement must be abated on or before _____ day of _____, 20_____. If there is occupancy of the principal single family residence as permitted by zoning permit number: _____ prior to the stipulated date, the temporary living quarters shall be abated within 60 days of occupancy.
2. The temporary living quarters on the property while constructing a new single family residence, is temporary per this agreement and Section(s)74-38/74-163 of the Zoning Ordinance/Shoreland Zoning Ordinance, Walworth County Wisconsin. Maintaining multiple single family residences on the property constitutes a violation of the Zoning Ordinances. Abatement shall be satisfied by: (shall be detailed ie: removal, alteration)

3. In consideration for the granting of this temporary living quarters and abatement period, the Owner/Occupant understands, and agrees that he/she has been notified of the compliance date and waives his/her right to appeal the County's determination that a zoning violation exists on his/her property after the time limit. This waiver is voluntary and freely made with full knowledge of its consequences, which includes the loss of right to plead innocent of this zoning violation to the Courts.
4. The Owner/Occupant agrees that the County shall have the right to request specific performance of this Agreement, and that the remedies of the County in connection with the abatement of the violation and reimbursement of all costs incurred, therefore, are cumulative in favor of the County.
5. The Owner/Occupant agrees that the County shall have authority to enter the premises for inspections during normal working hours.
6. The Owner/Occupant agree that this agreement will be recorded with the Register of Deeds Office of Walworth County, Elkhorn, Wisconsin and a certified copy will be provided to the Land Management Department at owner(s) expense.
7. This Agreement shall be interpreted in accordance with the laws of the State of Wisconsin.
8. This is a fully integrated Agreement and contains the entire agreement between the parties. Any prior written or oral agreements which are different in terms, conditions and provisions of this Agreement shall be of no effect and shall not be binding upon either party.
9. No amendment or modification of this Agreement shall be valid and no extension to this agreement will be permitted unless granted by the Walworth County Board of Adjustment.

OWNER(S)
BY: _____

NOTARY PUBLIC
Subscribed and Sworn to before me on this _____
Day of _____, 20_____.

(signature)

My commission expires: _____

STAFF NOTE:

“DO NOT RECORD THIS PAGE”
AGREEMENT TO ABATE

I. JUSTIFICATION FOR USE

The Agreement to Abate (AA) form should only be used under the following circumstances:

1. A single family residence is a principal use in the district.
2. Approval is limited to 18 months or within 60 days of occupancy, whichever comes first.
3. Agreement to Abate shall be signed, notarized and recorded in the Register of Deeds office and a copy shall be provided to the Land Use & Resource Management office.
4. Temporary living quarters shall comply with the district setback requirements.
5. Temporary living quarters shall have an approved zoning permit for the new single family residence prior to Temporary Use approval.
6. Temporary living quarters shall comply with well and sanitary regulations.
7. Shall complete a Temporary Living Quarters application and submit fee.

II. INSTRUCTIONS AND IMPLEMENTATION

1. A completed Temporary Living Quarter application shall be attached to the new single family residence application form.
2. The fee for Temporary Living Quarter application shall be \$450.00
3. The owner must sign the Agreement to Abate (AA) form and have it notarized. The staff secretaries may only notarize the form if signed in the presence of the secretary and owner's identity can be proven.
4. The original (AA) shall be recorded in the Register of Deeds office at the time and expense of the owner. The owner must also purchase a certified copy of the original (AA) record. The original (AA) remains with the Register of Deeds office and the certified copy shall be sent inter-office to the Zoning Department.
5. A copy of the signed and notarized (AA) form must be returned to the Zoning Department within five (5) working days, and a RECORDED copy of the documents must be returned within three (3) weeks from the date delivered to the OWNER.

III. FAILURE TO COMPLY

In the event the AA form is signed, notarized, and recorded and the violation is then not abated according to the agreement, citations may be issued.

06-16-2011