

**I. APPLICANT INFORMATION**

Name: Diane D. Kropiwka  
 Address: 1020 E. State St. Mauston  
 Telephone: 608-548-3334 Fax: mikendianet006@gmail.com

**II. PROPERTY OWNER INFORMATION** (if different from Applicant)

Name: Mauston Methodist Church  
 Address: 420 Suszycki Dr Mauston  
 Telephone: same as applicant Fax: mmc-office@mwst.net

**III. CONSULTANT(S) INFORMATION** (Applicant's Architect, Engineer, Developer, Builder)  
 (Attach additional sheets if necessary)

Name: n/a  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 State License/Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**IV. PROPERTY INFORMATION**

Address: 420 Suszycki Dr  
 Tax Parcel #: \_\_\_\_\_ Attach a copy of the Owner's deed to the property.  
**Approximate Cost of Project:** \$4000 -

**V. ZONING APPLICATION** (Check the type(s) of application(s) you are submitting)  
 (Refer to Zoning Ordinance Chapter 114, Article. VIII: Procedures and Administration, for details)

- |  | (Checklist No.)                             |
|--|---|
| Amendment of Zoning Regulations (per Section 114-285)          | 1 <input type="checkbox"/>                  |
| Amendment to the Official Zoning Maps (per Section 114-286)    | 2 <input checked="" type="checkbox"/>       |
| Zoning Permit for (check as appropriate)                       |   |
| Permitted Use (per Section 114-287) (May require site plan)    | 3 <input type="checkbox"/>                  |
| Conditional Use (per Section 114-288) (Requires site plan)     | 4 and 7 <input checked="" type="checkbox"/> |
| Temporary Use (per Section 114-289)                            | 5 <input type="checkbox"/>                  |
| Sign Permit (per Section 114-290)                              | 6 <input checked="" type="checkbox"/>       |
| Site Plan Approval (per Section 114-291)                       | 7 <input type="checkbox"/>                  |
| Zoning Certificate of Occupancy (per Section 114-292)          | na <input type="checkbox"/>                 |
| Variance (per Section 114-293) (Requires site plan)            | 8 <input type="checkbox"/>                  |
| Ordinance Interpretation (per Section 114-294)                 | 9 <input type="checkbox"/>                  |
| Appeal of Zoning Decision (per Section 114-295)                | 10 <input type="checkbox"/>                 |
| Creation of Planned Development District (per Section 114-296) | 11 <input type="checkbox"/>                 |
| Other Permits/Licenses (D.P.W./Fire/Clerk)                     | 12 <input type="checkbox"/>                 |

**VI. CERTIFICATION BY APPLICANT AND PROPERTY OWNER**

I (We) hereby certify that the above and foregoing information, including any information on attached forms, documents or drawings submitted herewith, is true and correct. I (We) understand that the work proposed to be performed and the improvements proposed to be installed pursuant to this application, may not be commenced until an appropriate permit for such work and improvement has been issued by the City. I (We) understand that all work performed and improvements installed pursuant to this application, must conform with all applicable City Ordinances, State Building Codes, and the specific terms and conditions of the permit granted. I (We) understand that the submission of false or misleading information on this Application, or on the forms, documents or drawings submitted herewith, shall justify rejection of this application by the City, forfeiture of the fees paid herewith, and rejection of any future application to the City for the project which is the subject of this application.

<u>Deane D. Drosowka</u>	<u>4/23/04</u>
Signature of applicant	Date
<u>Trustee Chair</u>	
Signature of Property Owner (if different from Applicant)	Date

**VII. AGREEMENT REGARDING PAYMENT OF REIMBURSABLE COSTS**

1. The undersigned acknowledge that he/she/they have read the Ordinance 114-301(d), and understand and agree that he/she/they are the "applicant" as referred to in said Ordinance, and do hereby agree to comply with said Ordinance.
2. The undersigned agree that the submittal of this Application shall constitute an acknowledgment and agreement by the undersigned to pay the Reimbursable Costs referred to in Ordinance 114-301(d). These costs may include the cost of time spent by the City Staff and the Fees of Engineers, Architects, Landscape Architects, Urban Planners, Attorneys, Accounts, or other professional consultants used to review and evaluate the Application, and to meet with the Applicant, to review and evaluate the Site Plan, and to meet with the Developer, to meet with the Plan Commission, and to assist the City in all aspects of review and action upon the development proposed by the Site Plan.
3. The Undersigned agrees to pay these Reimbursable Costs as follows:
  - (a) In advance, such amounts as may be requested by the City, and
  - (b) Within ten (10) days of receipt of a bill(s) from the City, such additional amounts as may be requested by the City.

The City may delay acceptance or approval of any application, or may delay any required hearing or interim administrative action on any application, until such time as such costs are paid.

<u>Deane D. Drosowka</u>	<u>4/23/04</u>
Signature of applicant	Date
<u>Trustee Chair</u>	
Signature of property owner (if different from applicant)	Date

# THE CITY OF Mauston

<b>City Staff Use Only:</b>	Parcel # _____	Zoning Class _____	
Date _____	Permit # _____	Fee _____	Check _____
			Cash _____

**Property Address:** 420 Suszycki Dr mauston

**Applicant Information:**

Name: Diane D Kropiwka Phone: 608-548-3334  
Address: 1020 E. State, Mauston Fax: mikendiane1006@gmail.com

**Owner Information:**

Name: Mauston Methodist Church Phone: 608-847-6676  
Address: 420 Suszycki Dr Fax: mmc-office@mut.net

**Information on Signs:**

Current number of signs on parcel 2 Total square footage of current signs 100 ft (?)  
Proposed number of new signs 2 Total square footage of new signs 64 sq ft

What is the approximate cost of project: \$ 4000

**Attach a dimensional drawing showing the following:**

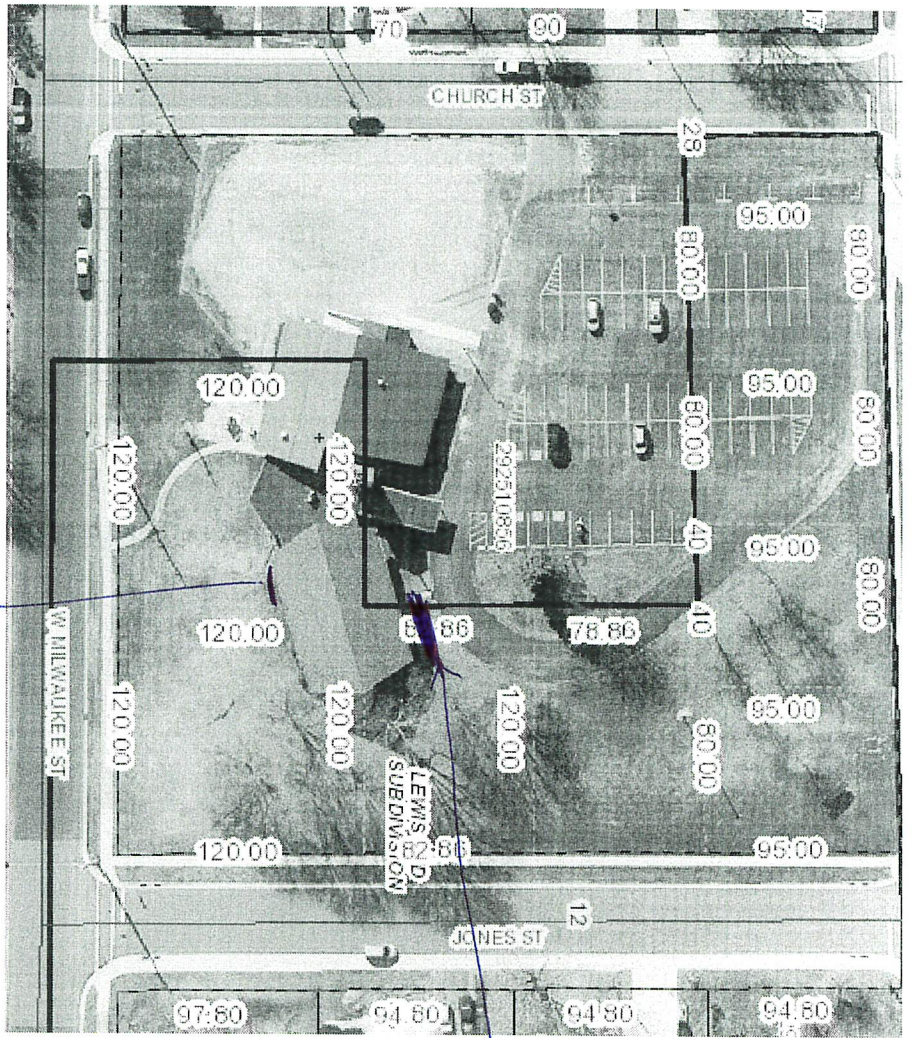
- 1) Dimensions of parcel for which permit is requested.
- 2) Location of existing structures, with distances measured from lot lines and from the approximate centerline of all abutting streets.
- 3) Location of existing and proposed signs on property.
- 4) Dimensional drawing of the signs.

**Certification by Applicant:**

I hereby certify that the above and foregoing information, including any information on attached forms or drawings, is true and correct. I will notify the City if any changes or modifications are made related to this application. I understand that the building and work described above shall conform to all applicable City Ordinances and State Building Codes. I understand that no structure may be placed within the limits of a street right-of-way or floodway/floodplain as shown on the official City map.

Diane D Kropiwka, Trustee Chair Date 4/23/2024  
Applicant Signature Diane D. Kropiwka Print Name

\_\_\_\_\_  
Zoning Administrator Date \_\_\_\_\_



Both signs will be identical

existing 4x8 sign internally lit

Proposed  
4x8 sign  
internally lit