

Print

Conditional Use Permit Application - Submission #2058

Date Submitted: 11/10/2025

City of Whitewater

312 W Whitewater Street
PO Box 178
Whitewater, WI 53190
262-473-0540
www.whitewater-wi.gov

Neighborhood Services

Conditional Use Permit Application

Conditional Use Application Checklist**Applicant**

1. Fill out Planning Request form, Conditional Use Application, Plan of Operation Form and Cost Recovery Certificate and Agreement. Twelve (12) copies 11 x 17, a digital copy of all submittal material:

- Application Forms
- Landscaping plan indicating location, type and size of materials (Please review Landscaping Guidelines)
- Stormwater and Erosion Control Applications (if necessary)
- Lighting (Photometric) Plan
- Add any other material you feel are pertinent

2. Application shall include the following Plan requirements:

- All plans shall be drawn to scale and show all sides of the proposed building.
- All plans will exhibit proposed/existing off-street parking stalls and driveway/loading docks.
- Building elevations must include the lot on which the structure is to be built and the street (s) adjacent to the lot.

3. Submit fee to City of Whitewater

City Building Inspector/Zoning Administrator

1. Review application for accuracy and all required information
2. Staff will review information for conformance to Ordinances
3. Engineer will review Stormwater and Erosion Control Plans
4. Landscaping Plan will be reviewed by Urban Forestry Commission
5. When application is complete and approved by all Staff it will then be forwarded to Neighborhood Services Administrative Assistant

Neighborhood Services Administrative Assistant

1. Conditional Use notice will be published in the local newspaper for two-week period with a one week waiting period for a total of three weeks prior to scheduled public hearing
2. Conditional Use notice will be mailed to property owners that abut the property and those that are within 300 feet minimum/and or further distance at the discretion of the zoning administrator from the property
3. Public Hearing for Conditional Use will be scheduled for the next Plan Commission meeting after notice has appeared in the newspaper for two weeks

Process

1. Plan Commission considers applicant's request and staff review is presented by Zoning Administrator, at the first initial appearance. If Plan Commission recommends changes and/or revisions, then the applicant must revise site plan, otherwise the is forwarded as is for the second appearance for approval/denial of the final site plan.

NOTE: Plan Commission normally meets the second Monday of each month at 6:00 p.m. If a public hearing is required, it will be scheduled at the beginning of the Plan Commission meeting.

Urban Forestry Commission usually meets the fourth Monday of each month at 5:00 p.m.

Llana Dostie, Zoning Specialist
262-473-0144

ldostie@whitewater-wi.gov

Allison Schwark, Municipal Code Enforcement
262-249-6701
mcodeenforcement@gmail.com

Site Plan Upload*

209TS-DRAWINGS-11-10-
2025-11X17.pdf

Landscaping Plan Upload

No fi...sen

Lighting Plan Upload

No fi...sen

MSDS Sheets

No fi...sen

Other Information

No fi...sen

PLANNING REQUEST**General Project Information****Project Tax Key #****Project Address*****Project Title (if any)****Applicant, Agent & Property Owner Information****Applicant's First Name*****Applicant's Last Name*****Address*****City*****State*****Zip Code***

Phone Number*

262-723-6123

Email Address*

sboss@wchawi.com

Agent Name

Sarah Boss

Agent Company

Walworth County Housing Authority

Address

20 N Church St

City

Elkhorn

State

WI

Zip Code

53121

Phone Number

262-723-6123

Email Address

sboss@wchawi.com

Owner First Name (if different from applicant)**Owner Last Name****Address**

City**State****Zip Code****Phone Number****Fax Number****Email Address****Planning Request (check all that apply)**

- ☐ Site Plan and Architectural Review \$150.00 plus \$0.05 per sq. ft (Floor Area)
- ☒ Conditional Use Permit \$275.00
- ☐ Rezone/Land Use Amendment \$400.00
- ☐ Planned Unit Development \$500.00
- ☐ Preliminary Plat \$175.00
- ☐ Final Plat \$225.00
- ☐ Certified Survey Map \$200.00 plus \$10.00 per lot
- ☐ Project Concept Review \$150.00
- ☐ Joint Conditional Use & Certified Survey Map \$500.00 plus \$10.00 per lot
- ☐ Joint Rezoning & Certified Survey Map \$500.00 plus \$10.00 per lot
- ☐ Joint Site Plan & Conditional Use \$350.00 plus \$0.05 per sq. ft (Floor Area)
- ☐ Board of Zoning Appeals/Adjustment \$300.00

Translation Services**Will translation services be needed during the Plan Board meeting?***

- ☐ Yes
- ☒ No


If Yes, please specify the language required.**Conditional Use Permit Application****I, (We) the undersigned owner(s)/agent do hereby petition the Plan Commission to grant a Zoning Amendment.****Address and legal description of the subject site***
209 Taft St

Tax Parcel #*

/HAS 00046

Zoning District*

B-1

**Requested Conditional Use***

Mixed use -- Residential / Commercial

Petitioner's interest in requested Conditional Use Permit*

Add affordable housing in Walworth County

List type and number of structures, proposed operation or use of the structure(s) or site, number of employee, parking, etc.

Remodel existing 2-story building. Five dwelling units and one commercial lease space. 13 parking stalls exist (8 in front, five in rear).

Property Owner Signature*

Sarah Boss

Owner's Agent Signature*

Walworth County Housing Authority

Address*

20 N Church St

Address*

Elkhorn, WI 43121

Phone and Email*

262-723-6123

Phone and Email*

sboss@wchawi.com

Zoning #**Application Review by**

Date**Date Filed****Dates Published****Date Notices Mailed****Plan Commission Recommendation****Date Decision Made****Plan of Operations****Property Information****Tenant Information****Property Tax Key #*****Previous Business Name*****Property Address*****Years in Operation*****Property Owner*****New Business Name*****Owner Mailing Address*****Name of Operator*****City, State and Zip Code*****Operator Mailing Address***

Owner's Phone #*

292-723-6123

City, State and Zip Code*

292-723-6123

Owner's Email*

sboss@schawi.com

Operator's Phoen # and Email *

sboss@schawi.com

New Business Use/Operation Information**Description of Business use or Operations***

Commercial lease space -- tenant TBD.

Previous Use of Space*

Office / Residential

Hours of Operations (Weekdays)*

tbd

Hours of Operations (Weekends)*

tbd

Total Area Space in Square Feet*

1,362 (commercial space)

Toilet Fixtures*

tbd

Full Time Employees*

tbd

of Part Time Employees*

tbd

Customer Seating*

- ☒ Yes
☐ No

Seating Capacity*

tbd

**Total Employee Hours Per Year
(include yourself if self-employed)***

tbd

Sprinkler System*

- ☒ Yes
☐ No

Hazardous/Flammable Chemicals used/stored*

- ☐ Yes (must attach MSDS Sheets)
☒ No

Specified Use of Property and Building(s)**Building A***

Apartments / Commercial Lease Space

Building B**Building C**

Will there be any problems resulting from this operation such as: (Check all that apply)*

- ☐ Odors
- ☐ Smoke
- ☐ Noise
- ☐ Light
- ☐ Vibrations
- ☒ None

Parking

Dimension of parking lot*

Two existing lots.

Number of Spaces Available*

13

Parking Lot Construction*

- ☒ Asphalt
- ☐ Concrete

Type of Screening*

- ☐ Fencing
- ☒ Plantings

Is employee parking included in "number of spaces available"?*

- ☒ Yes
- ☐ No

Signage(Separate Sign Permit Application Needed)

Type (Check all that apply)*

- ☐ Freestanding
- ☐ Monument
- ☐ Projecting
- ☐ Awning/Canopy
- ☐ Electronic Message
- ☐ Pylon
- ☐ Arm/Post
- ☐ Window
- ☐ Mobile/Portable or Banner
- ☐ None
- ☒ Other

If other, what type

Sign permit will be applied for when commercial tenant leases space.

Location of Signs*

tbd

Entertainment**Is there any type of music in this proposal?***

- ☐ Yes (Separate License from Clerk's Office Required)
- ☒ No

Live *

- ☐ Yes
- ☒ No

When will this be offered to customers*

- ☒ Monday
- ☒ Tuesday
- ☒ Wednesday
- ☒ Thursday
- ☒ Friday
- ☒ Saturday
- ☒ Sunday
- ☐ None

What time(s) will this be offered

tbd

Outdoor Lighting**Type***

LED downlights.

Location*

On the building at the entry doors, and a single pole-fixture in the rear parking area.

Utilities**Will you be connected to City Water and Sewer***☒ Yes☐ No**Is there a private well on-site***☐ Yes☒ No**Types of Refuse Disposal***☒ Municipal☐ Private**Approval Date by the Department of Natural Resources of the well for proposed use****Approval Date by the County Health Department for existing septic system****What types of sanitary facilities are to be installed for the proposed operation***

Toilets.

Surface Water Drainage Facilities (describe or include in site plan)*

Existing to remain.

Licenses/Permits

☐

Is a highway access permit needed from the State, County or local Municipality*

- ☐ Yes
☒ No

Is a cigarette license required? (Separate license from Clerk's office)*

- ☐ Yes
☒ No

Is a liquor license required? (Separate license from Clerk's office)*

- ☐ Yes
☒ No

Did Wisconsin Department of Safety and Professional Services Division of Industry Services approve building plans*

- ☐ Yes
☒ No

Permitted Property Use (Please check all that apply)*

- ☐ Single Family Dwelling
- ☐ Two Family Dwelling
- ☐ Modular Home
- ☐ Manufactured Home
- ☐ Second or greater wireless telecommunication facility
- ☐ Home occupations, professional home office for nonretail goods and services no customer access
- ☒ Multi-Family Dwellings
- ☐ Art, Music and School supply stores and galleries
- ☐ Antique, collectible and hobby craft stores
- ☐ Automotive and related parts store, without servicing
- ☐ Hotel and Motels
- ☐ Small appliance repair stores, computer or software sales and service
- ☐ Barbershops/Beauty Parlors
- ☐ Liquor stores without drive-thru facilities
- ☐ Resale Shops
- ☐ Professional and business offices
- ☐ Self-service laundries and dry-cleaning establishments
- ☐ Stationery stores, retail office supply stores
- ☐ Movie theaters
- ☐ Tourist homes and bed and breakfast
- ☐ Bakeries or candy stores with products for sale on premise only
- ☐ Appliance repair stores, including computer sales and service
- ☐ Caterers
- ☐ Post Offices
- ☐ Ice Cream and Cafes
- ☐ Toy stores
- ☐ Agricultural services
- ☐ Banks and other financial institutions without drive-thru facilities
- ☐ Camera and photographic supply stores
- ☐ Clothing, shoe stores and repair shops
- ☐ Clinics medical and dental
- ☐ Department Stores
- ☐ Drug Stores
- ☐ Florist Shops
- ☐ Food and Convenience stores without gasoline pumps
- ☐ Furniture stores
- ☐ Hardware stores
- ☐ Insurance agencies
- ☐ Jewelry stores
- ☐ Meat markets
- ☐ Paint, wallpaper, interior decorating and floor covering stores
- ☐ Restaurants without drive-thru facilities
- ☐ Sporting goods stores

- ☐ Variety stores
- ☐ Charitable or nonprofit institution or facilities
- ☐ Light assembly uses including electronics, pottery, printing, contractor shops (electrical, heating, plumbing and general contracting) provided there is no significant environmental emissions (odor or waste)
- ☐ Catalog and e-commerce sales outlets
- ☐ Day Spas
- ☐ Coffee Shops
- ☐ Gift Shops
- ☐ Public parking lots
- ☐ Tourist information and hospitality centers
- ☐ Dance Studio
- ☐ Lumberyards, building supply stores and green houses
- ☐ Manufacturing, fabrication, packing, packaging and assembly of products from furs, glass, leather, metals, paper, plaster, plastic, textiles, clay, woods and similar material
- ☐ Research facilities, development and testing laboratories, including testing facilities and equipment
- ☐ Retail sales and services linked to manufacturing and warehousing
- ☐ Production, or processing, cleaning, servicing, testing or remailer of materials, goods or products limited to the follow uses, products, components, or circumstances:
 - ☐ a) Electronic and electrical products instruments, such as transistors, semiconductors, small computers, scanners, monitors and compact communication devices
 - ☐ b) High technology products related to the fields of physics, oceanography, astrophysics, metallurgy, chemistry, biology or other scientific field offered for study by University of Whitewater
 - ☐ c) Laser technology, radiology, x-ray and ultra sound products, manufacturing and assembly
 - ☐ d) Medical and dental supplies
 - ☐ e) Optical, fiber optical and photographic products and equipment
 - ☐ f) Orthopedic and medial appliances such as artificial limbs, brace supports and stretchers
 - ☐ g) Products related to process design, process stimulation, computer hardware and software development, safety engineering
 - ☐ h) Scientific and precision instruments and components, including robotics
- ☐ Telecommunication centers (not including wireless telecommunications facilities)
- ☐ Private recreation facilities
- ☐ Freight terminals, trucking servicing and parking, warehousing and inside storage
- ☐ More than one principal structure on a lot when the additional building is a material and direct part of the primary business
- ☐ Pilot Plans and other facilities for testing manufacturing, processing or fabrication methods or for testing of products or materials
- ☐ College, Universities, Schools, Churches, Libraries, Government buildings



Permitted Conditional Uses (Please check all that apply)

- ☐ Planned Residential Development
- ☐ First Wireless telecommunications facility located on alternative structure only
- ☐ Attached townhouse dwellings up to four units per building
- ☐ Public and semipublic uses
- ☒ Multifamily dwellings and attached dwellings, over four units (new construction only)
- ☐ Any building over forty feet
- ☐ Conversion of existing structures resulting in more dwelling units
- ☐ Dwelling units with occupancy of six or more unrelated persons
- ☐ All uses with a drive-in and drive-thru facilities
- ☐ Automobile repair and service
- ☐ Taverns and other places selling alcoholic beverages by the drink
- ☐ Daycare centers, adult, child and doggie
- ☐ Large Retail and Commercial Service Developments
- ☐ Motor Freight Transportation
- ☐ Light manufacturing and retail uses
- ☐ Home Occupations/Professional Home offices requiring customer access
- ☐ Bed and Breakfast establishments
- ☐ Conversion of existing single-family dwellings to two-family attached dwellings
- ☐ Professional business offices in a building where principal use is residential
- ☐ Fraternity or sorority houses and group lodging facilities
- ☐ Planned Development
- ☐ Conversion of existing units with less than five bedrooms to five or more bedrooms
- ☐ Entertainment establishments, including clubs but excluding adult entertainment
- ☐ Automobile and small engine vehicles sales and rental facilities
- ☐ Car washes
- ☐ Gasoline service stations, including incidental repair and service
- ☐ Funeral homes and crematory services
- ☐ Liquor or tobacco stores
- ☐ Wholesale trade of durable and nondurable goods
- ☐ Salvage Yards

Signatures

By signing below, I certify that the above information is true and accurate account of the information requested for my business site and its operation and use. Should an inspection be required, I agree to all the Inspector(s) reasonable access to the space to verify compliance with the Municipality's Ordinance. In addition, I fully understand that completion of this or its approval does not preclude me from complying with all applicable State Statues or Municipal Ordinances regarding my business and its lawful operations.

Applicant's Signature***Date***

Sarah Boss

11/10/2025

Inspector/Zoning Signature**Date****Cost Recovery Certificate and Agreement**

Pursuant to Ordinance 19.74.010 and 16.04.270 of the City of Whitewater Municipal Code

The undersigned applicant hereby acknowledges and agrees to be bound by Ordinances 19.74.010 and 16.04.270 of the City of Whitewater Municipal Code, providing for city recovery of all city costs and disbursements incurred directly or indirectly related to the Applicant's request. All costs incurred by the city in the consideration of any requests by the Applicant related to the Applicant's request shall be recoverable, including but not limited to, all professional and technical consultant services and fees retained by the city and rendered in review of any application, including the engineer, planner, attorney, or any other professional or expert hired by the village for purposes of review of the application or pre-submission request. The Applicant agrees to reimburse the City for all costs recoverable pursuant to the terms of the above numbered ordinance within the time period set forth by the City of Whitewater Municipal Code. At no time shall any cost recoverable fees be waived, except through the process of a written request by the Applicant and the Common Council, review and evaluation by the Common Council, and official action taken by the Common Council.

PROJECT INFORMATION**PROJECT NAME*****PROJECT LOCATION*****APPLICANT INFORMATION****NAME*****MAILING (BILLING) ADDRESS*****PHONE*****EMAIL ADDRESS*****ATTORNEY INFORMATION**

NAME**PHONE****EMAIL ADDRESS****SIGNATURE OF APPLICANT*****DATE***

Note to Applicant: The City Engineer, Attorney and other City professionals and staff, if requested by the City to review your request, will be billed for their time at an hourly rate which is adjusted from time to time by agreement with the City. Please inquire as to the current hourly rate you can expect from this work. In addition to these rates, you will be asked to reimburse the City for those additional costs set forth in 19.74.10 and 16.04.270 of the Municipal Code.

RATES

City Administration Hourly Rate Shall Not Exceed

Interim Director of Economic Development: Emily McFarland \$

Director of Public Works: Brad Marquardt \$72.33

Director of Finance: Rachelle Blitch \$65.94

Clerk: Heather Boehm \$43.33

Deputy Clerk: Tiffany Albright \$29.20

NS Administrative Assistant Llana Dostie \$

Building Inspection Services

Building Inspector Commercial: Joe Mesler \$80.00

Building Inspector Residential: Jon Mesler \$80.00

City Attorney

Russell Law Offices, LLC

Attorney Timothy Brovold \$

City Engineer

Strand and Associates \$247.63

Primary Contact: Mark Fischer

City Planners and Zoning Administrator

Primary Contact: Allison Schwark \$49.00

**Building Inspector Date
Received**

Review by

**Zoning Administrator Date
Received**

Reviewed by

Occupancy Classification

**Occupancy Classification
Surrounding Units**

Zoning of Property

Use Permitted

- ☐ By Right
☐ By CUP
☐ PC Approval
Required

Approval
☐ Approved
☐ Denied

Date

Approval
☐ Approved
☐ Denied

Date

**Public Works
Approval**
☐ Approved
☐ Denied

Date

**City Engineer
Approval**
☐ Approved
☐ Denied

Date

Police Department
☐ Approved
☐ Denied

Date

**Fire Department
Approval**
☐ Approved
☐ Denied

Date