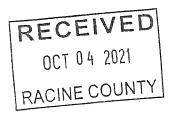
APPLICATION FOR ZON	IING PERMIT	PERMITNO. DATE PERMIT ISS	PH ite	em A
RACINE COUNTY, WISCO	NSIN (Rev. 11/20)	DATE PERMIT ISS	SUED	
OWNER Katherine	2 Fromanax	APPLICANT Kath	verine J. Ro	manak
Mailing	Therine 5+	Moiling	ME	
		Address 3 A	191	
Wind lake W		City		7:
Phone (H) 262-893-6001	(W) 262-534-2	350Phone (H)	State (W)	Zip
Parcel Id. # 010 - 04-20	0-08-209-006	Site Address Z6835	Katherine	54.
Municipality Town of	- Norway Sec	tion(s) 8 Town 4.	✓ North, Range	20 East
Lot 2 Block 3 Su				
Proposed Construction/Use				nec+
		and the existi		
			9	J-745
New Principa	al Bldg. Size (10 x/6 3/1 =	x -)(-	x -)
Addition X Accesso	ry 🗸 🖊 Area (sqft)(162.5f13 (-		
Alteration Deck			Building HtAvg. (ft.)	
Conversion Sign			100-Yr. Floodplain Ele	
Temporary Other			Flood Protection Elev.	01
Contractor T. B. D.		alue w/Labor \$ Z0,000 Z		K-4
Existing Nonconforming?	$N/A \checkmark Yes$	No Yard Setb		<u>OK?</u>
*Structure's Fair Mrkt Value *>50% of Fair Market Value?	·	ulative % Street-1 st	33.8'	705
	N/A Yes map Yes	No Street-2 nd No Side-1 st	NIA	
4	map) Yes		8,2'	yes
	map) Yes	No Rear	79.0'	yes
Substandard Lot?	Yes	No Shore		
Abutting Lot-Same Owner/Clo	osely Related? Yes		tructures	
BOA Variance Needed?	Yes			
Conditional Use/Site Plan Nee	-	No Date of Appr		
Shoreland Contract Needed?	Yes_	No Date of Appr		7 1)
Additional Zoning Permit Stip	•		No_✓ (If "Yes," se	e back)
The applicant hereby acknowled	edges receipt of notic	e contained herein and certifie	s that submitted inform	nation/
attachments are true and correct	ct to the best of the ki	nowledge and belief of the sign	ner, and that all constru	uction/ 🔪
use will be done in accordance		1/(/ 1/		1110
BOA/Conditional Use/Site Plan	Pd: \$ 450.00	10000	mak 10-4	2 1
Cash/Check/CC Date # 1003	,	Signature of Owner /Applicant	Da	1
Shoreland Contract Fee	Pd: \$	Katherine Koma	inak	0 -
Cash/Check/CC Date #		Print Name(s)		0 %
Zoning Permit Fee	Pd: \$ 150.00		•	8
Cash/Check/CC Date #		Notes (revisions, extensions, etc.)	7
Other:	Pd: \$		Jc	
✓ □ if shoreland erosion review f	fee is included above	Zoning Administrator	(Staff Init	10
Make checks payable to "Racino	e County Developmen	t Services'' - <u>Note</u> : ALL FEES A	RE NONREFUNDABLI	

APPLICATION FOR A VARIANCE/APPEAL Revocable Living	Trust
APPLICATION FOR A VARIANCE/APPEAL (2000)	Racine County, Wisconsin
Owner: Katherine Tomanak Applicant/Agent: Kat	herine J. Romanck
Address: 26835 Katherine St Date petition filed: 10-4-	21 Hearing Date: 11-2-21
Wind lake WI 53185 Municipality: Town	of Norway
Phone (Hm) <u>AbJ - 893 - 6001</u> (Wk) <u>AbJ - 534 - 23 56</u> ing district(s):	R-4
TO THE ZONING BOARD OF ADJUSTMENT/APPEALS: Please take notice permit or seeks an appeal of the Zoning Administrator for: to construct addition that will connect the existing research as strong detached garage	a 10'x 16.25' mydroo
Lot(s) 2 Blk 3 Subd/CSM Wenseesee Lake Terrace Parcel Id.# 010 in Racine County, Wisconsin, for the reason that the application failed to comply with County Code of Ordinances with respect to: the proposed additexisting garage to have insufficient side	n Chapter 20 (Zoning) of the Racine ion will cause the yard setback
Applicant is subject to: Article VI Division 7 R-4, 41691 Readuction or joint use	esidential District I
Check applicable below: (Underline or circle the word "all" or "partially" below, as Property is all/partially located in the shoreland area of Project is all/partially located in the floodplain area of Project is all/partially located in the floodplain area of Project is all/partially located in the floodplain area of	e Racine County Zoning Ordinance. needed) ly located in a wetland area.
Indicate below or attach separate pages showing how your application meets the l) Explain how the Ordinance creates an unnecessary hardship and in the absence o made of the property.	e legal criteria for a variance. f approval no feasible use can be
Attachment	
2) Describe the exceptional, extraordinary or unusual circumstances that are uniques to the exceptional, extraordinary or unusual circumstances that are uniques to the exceptional, extraordinary or unusual circumstances that are uniques to the exceptional, extraordinary or unusual circumstances that are uniques to the exceptional, extraordinary or unusual circumstances that are uniques to the exceptional extraordinary or unusual circumstances that are uniques to the exceptional extraordinary or unusual circumstances that are uniques to the exceptional extraordinary or unusual circumstances that are uniques to the exception of the exception of the extraordinary or unusual circumstances that are uniquestical extraordinary or unusual extraordinary	ue to this lot or structure.
Describe how the approval would not create substantial detriment to adjacent procontrary to the purpose and spirit of zoning or the public interest. A Hach men +	perty or materially impair or be
Explain how the request is not based on economic gain or loss and is not self-imposed. AHach ment	osed
Owner/Applicant's Signature Katherine Romanak	Date 10 - 4-21

Fee paid: \$ 450.00 Check # 1003 (Payable to Racine County Planning) • Please attach required documentation
LDeptShareForms\varianceapplie\u00e41/06

- 1) Unnecessary Hardship- This mudroom attached to my house from the garage will be a great asset for my well-being. I am 64 years old and going up and down the steps of an accident of falling. Medical note of condition attached.

 Also, the Weather conditions of ice, snow and rain of walking outside and carrying packages etc. is a great possibility of slipping and falling also. Being able to go from the garage to house covered will be a great help for my future.
- 2) Extraordinary/unusual circumstances-10' from adjacent lot line is requirement. Survey show's 8'.8 and 8'.2. As you can see a tad short. The house and garage were built in 1957. This is the existing situation.
- 3) Substantial detriment/public interest- The 10 x 16 addition would not create substantial detriment to neighbors. It will improve the property by value and the characteristics and attractiveness to the property and neighborhood.
- 4) No economic gain or loss. It will be a safer situation for myself.





Neuroscience Institute, Specialty Clinics 9200 W Wisconsin Ave MILWAUKEE, WI 53226 414-805-5400

Re: Katherine J Romanak DOB-10/8/57 August 25, 2021

To Whom It May Concern,

Katherine has a history of Cushing's disease due to ACTH-secreting pituitary adenoma, hypopituitarism with secondary adrenal insufficiency and hypogonadotropic hypogonadism. She is on a typical replacement dose of steroids but if she were to become ill with for example a viral illness she will need to stress dose her steroids. This can result in a more severe illness sequale requiring urgent care, ED or hospitalization. Please contact my office if you have questions 414-805-5400.

Sincerely,

Stephanie Romeis APNP Neuroscience Clinic

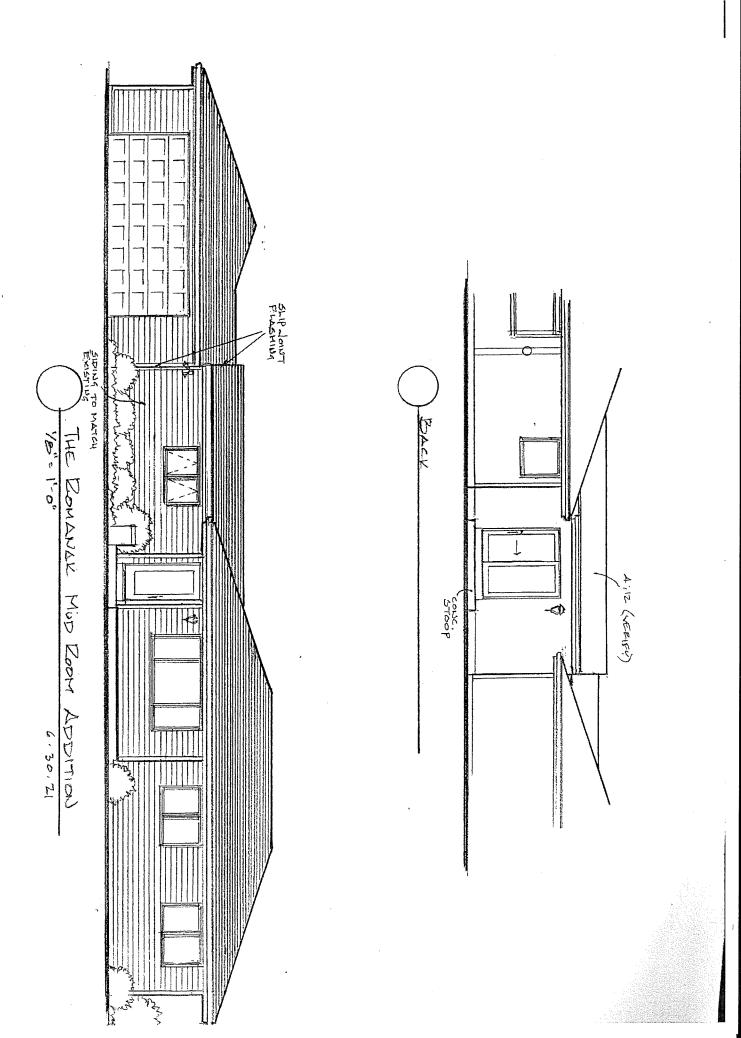
Neuro-Endocrine

Katherine J Romanak MR#: 09368550

RECEIVED

OCT 0 4 2021

RACINE COUNTY



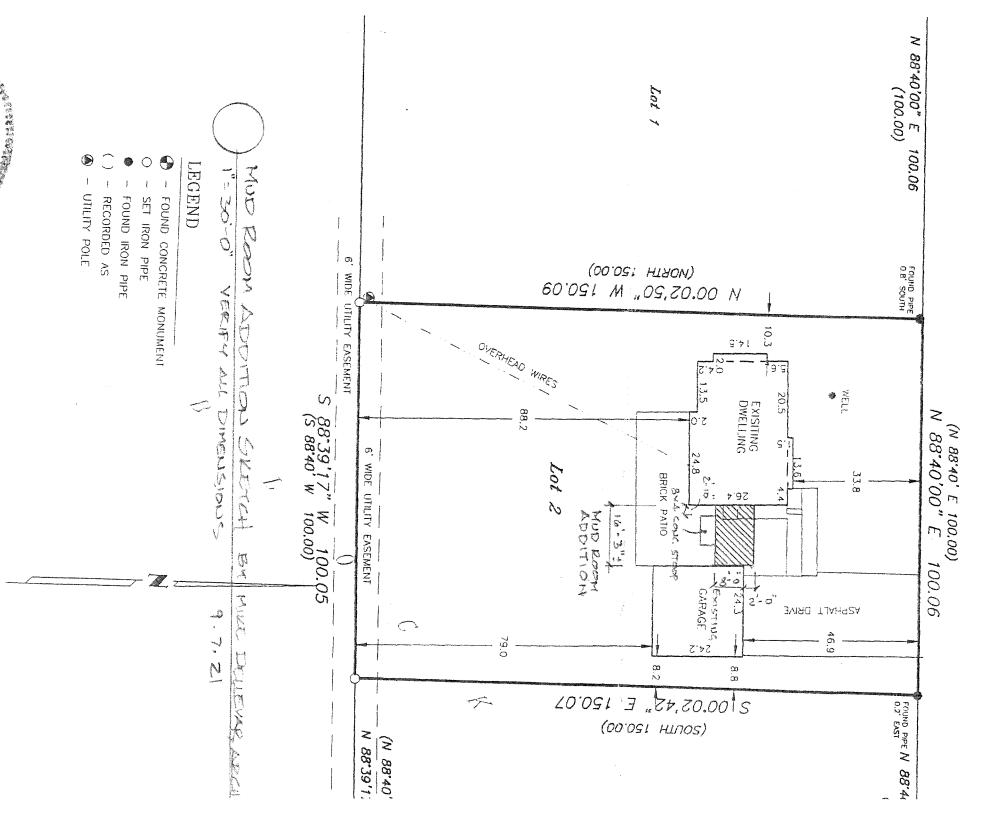
OK COVENANTS

9

RECORU THAT MAY AFFECT THIS

Katherine

(66' MIDE)



SCALE: 30'