

# Dane County Conditional Use Permit Application

<b>Application Date</b>	<b>C.U.P Number</b>
12/21/2023	DCPCUP-2023-02612
<b>Public Hearing Date</b>	
02/27/2024	

<b>OWNER INFORMATION</b>	<b>AGENT INFORMATION</b>
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OWNER NAME MELISSA & CASEY HELBACH	Phone with Area Code (608) 575-3762	AGENT NAME MELISSA HELBACH	Phone with Area Code (608) 575-3762
BILLING ADDRESS (Number, Street) 6993 APPLEWOOD DR		ADDRESS (Number, Street) 6993 APPLEWOOD DR	
(City, State, Zip) MADISON, WI 53719		(City, State, Zip) MADISON, WI 53719	
E-MAIL ADDRESS melissahelbach@gmail.com		E-MAIL ADDRESS melissahelbach@gmail.com	

<b>ADDRESS/LOCATION 1</b>	<b>ADDRESS/LOCATION 2</b>	<b>ADDRESS/LOCATION 3</b>
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<b>ADDRESS OR LOCATION OF CUP</b>		<b>ADDRESS OR LOCATION OF CUP</b>		<b>ADDRESS OR LOCATION OF CUP</b>	
6993 Applewood Drive					
TOWNSHIP MIDDLETON	SECTION 27	TOWNSHIP	SECTION	TOWNSHIP	SECTION
<b>PARCEL NUMBERS INVOLVED</b>		<b>PARCEL NUMBERS INVOLVED</b>		<b>PARCEL NUMBERS INVOLVED</b>	
0708-274-6188-3		---		---	

**CUP DESCRIPTION**

Transient or Tourist Lodging (Short-term Rental)

<b>DANE COUNTY CODE OF ORDINANCE SECTION</b>	<b>ACRES</b>
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10.251(3)	0.7
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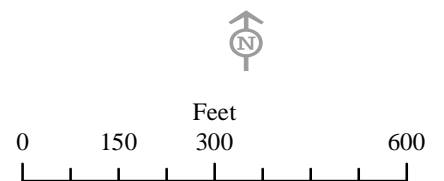
<b>DEED RESTRICTION REQUIRED?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  Applicant Initials _____	Inspectors Initials  RUH1	<b>SIGNATURE:(Owner or Agent)</b>  <hr/> <b>PRINT NAME:</b>  <hr/> <b>DATE:</b>  <hr/>
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COMMENTS: THE SANITARY SYSTEM IS DESIGNED FOR A 4-BEDROOM HOUSE. MAXIMUM OCCUPANCY IS 8 PEOPLE BASED ON CURRENT SEPTIC SYSTEM.



# CUP 2612

-  Floodway Areas in Zone AE
-  Floodplain





**Dane County**  
**Department of Planning and Development**  
 Zoning Division  
 Room 116, City-County Building  
 210 Martin Luther King Jr. Blvd.  
 Madison, Wisconsin 53703  
 (608) 266-4266

Application Fees	
General:	\$495
Mineral Extraction:	\$1145
Communication Tower:	\$1145 (+\$3000 RF eng review fee)
PERMIT FEES DOUBLE FOR VIOLATIONS OR WHEN WORK HAS STARTED PRIOR TO ISSUANCE OF PERMIT	

## CONDITIONAL USE PERMIT APPLICATION

### APPLICANT INFORMATION

Property Owner Name:	Agent Name:
Address (Number & Street):	Address (Number & Street):
Address (City, State, Zip):	Address (City, State, Zip):
Email Address:	Email Address:
Phone#:	Phone#:

### SITE INFORMATION

Township:	Parcel Number(s):	
Section:	Property Address or Location:	
Existing Zoning:	Proposed Zoning:	CUP Code Section(s):

### DESCRIPTION OF PROPOSED CONDITIONAL USE

<b>Type of conditional use permit</b> (for example: limited family business, animal boarding, mineral extraction, or any other listed conditional use):	<b>Is this application being submitted to correct a violation?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide a short but detailed description of the proposed conditional use:	

### GENERAL APPLICATION REQUIREMENTS

**Applications will not be accepted until the applicant has met with department staff to review the application and determined that all necessary information has been provided. Only complete applications will be accepted. All information from the checklist below must be included. Note that additional application submittal requirements apply for particular uses or as may be required by the Zoning Administrator. Applicants for significant and/or potentially controversial conditional uses are strongly encouraged to meet with staff prior to submittal.**

<input type="checkbox"/> Complete attached information sheet for standards	<input type="checkbox"/> Site Plan drawn to scale	<input type="checkbox"/> Detailed operational plan	<input type="checkbox"/> Written legal description of boundaries	<input type="checkbox"/> Detailed written statement of intent	<input type="checkbox"/> Application fee (non-refundable), payable to Dane County Treasurer
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I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I hereby give permission for staff of the Dane County Department of Planning and Development to enter my property for the purpose of collecting information to be used as part of the review of this application. I acknowledge that submittal of false or incorrect information may be grounds for denial of this application.

Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## STANDARDS FOR CONDITIONAL USE PERMITS

Applicants must provide adequate evidence demonstrating to the Town and Dane County Zoning & Land Regulation Committee that the proposed conditional use satisfies the following 8 standards for approval, along with any additional standards specific to the applicable zoning district or particular use found in sections [10.220\(1\)](#) and [10.103](#) of the code.

Please explain how the proposed land use will meet the following standards (attach additional pages, if necessary):

- |   |
|---|
| 1. The establishment maintenance or operation of the conditional use will not be detrimental to or endanger the public health, safety, comfort or general welfare.  |
| 2. The uses, values, and enjoyment of other property in the neighborhood for purposes already permitted shall be in no foreseeable manner substantially impaired or diminished by establishment, maintenance or operation of the conditional use.   |
| 3. The establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.  |
| 4. Adequate utilities, access roads, drainage and other necessary site improvements have been or are being made to accommodate the conditional use.   |
| 5. Adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets.  |
| 6. That the conditional use shall conform to all applicable regulations of the district in which it is located.   |
| 7. The conditional use is consistent with the adopted town and county comprehensive plans.  |
| 8. If the conditional use is located in a Farmland Preservation (FP) Zoning district, the conditional use is subject to the following additional standards found in section 10.220(1). Attach additional pages, if necessary. <ul style="list-style-type: none"><li>• Explain how the use and its location in the Farmland Preservation Zoning District are consistent with the purposes of the district:</li><br/><li>• Explain how the use and its location in the Farmland Preservation Zoning district are reasonable and appropriate, considering alternative locations:</li><br/><li>• Explain how the use is reasonably designed to minimize the conversion of land from agricultural use or open space use:</li><br/><li>• Explain how the use does not substantially impair or limit the current or future agricultural use of surrounding parcels zoned for agricultural use:</li><br/><li>• Explain how construction damage to land remaining in agricultural use is minimized and repaired, to the extent feasible:</li></ul> |

**WRITTEN STATEMENT OF INTENT AND OPERATIONS PLAN**

Applicants must provide a detailed written statement of intent describing the proposed conditional use along with an operational plan that explains how the conditional use will be operated. Please use the form below and provide responses, as applicable, to your proposed conditional use. Attach additional pages, if necessary.

Describe in detail the proposed conditional use. Provide the specific location of the use(s), type of equipment used, planned property improvements, including description / size of existing or proposed new buildings to be used, and any other relevant information. For existing or proposed commercial operations, provide the name of the business and describe the nature and type of business activity.
List the proposed days and hours of operation.
List the number of employees, including both full-time equivalents and maximum number of personnel to be on the premises at any time.
List any anticipated noise, odors, dust, soot, runoff or pollution associated with the conditional use, along with any proposed measures that will be taken to mitigate impacts to neighboring properties.
Describe any materials proposed to be stored outside and any activities, processing or other operations taking place outside an enclosed building.
For proposals involving construction of new facilities and/or infrastructure, describe, as applicable, any measures being taken to ensure compliance with county stormwater and erosion control standards under <a href="#">Chapter 11</a> of <a href="#">Chapter 14</a> , Dane County Code.
List and describe existing or proposed sanitary facilities, including adequate private onsite wastewater treatment systems, associated with the proposed conditional use. For uses involving domestic pets or livestock, list and describe measures taken to address manure storage or management.
List and describe any existing or proposed facilities for managing and removal of trash, solid waste and recyclable materials.
Describe anticipated daily traffic, types and weights of vehicles, and any provisions, intersection or road improvements or other measures proposed to accommodate increased traffic.
Provide a listing of any hazardous, toxic or explosive materials to be stored on site, and any spill containment, safety or pollution prevention measures.
Describe any existing or proposed outdoor lighting along with any measures that will be taken to mitigate light-pollution impacts to neighboring properties. The Zoning Administrator may require submittal of a photometric plan for outdoor lighting if deemed necessary to determine potential impacts to neighbors.
Describe any existing or proposed signage, including size, location, and materials, consistent with the county's sign ordinance found in s. <a href="#">10.800</a> .
Briefly describe the current use(s) of the property on which the conditional use is proposed.
Briefly describe the current uses of surrounding properties in the neighborhood.

## APPLICATION CHECKLIST FOR A CONDITIONAL USE PERMIT

A scaled site plan and detailed operations plan must be submitted with your Conditional Use Permit application. Please use the checklist below to ensure you are submitting all required information applicable to your request. Please attach to your application form the required maps and plans listed below, along with any additional pages.

### **SCALED SITE PLAN. Show sufficient detail on 11" x 17" paper. Include the following information, as applicable:**

- Scale and north arrow.
- Date the site plan was created.
- Existing subject property lot lines and dimensions.
- Existing and proposed wastewater treatment systems and wells.
- All buildings and all outdoor use and/or storage areas, existing and proposed, including provisions for water and sewer.
- All dimension and required setbacks, side yards and rear yards.
- Location and width of all existing and proposed driveway entrances onto public and private roadways, and of all interior roads or driveways.
- Location and dimensions of any existing utilities, easements or rights-of-way.
- Parking lot layout in compliance with s. [10.102\(8\)](#).
- Proposed loading/unloading areas.
- Zoning district boundaries in the immediate area. All districts on the property and on all neighboring properties must be clearly labeled.
- All relevant natural features, including navigable and non-navigable waters, floodplain boundaries, delineated wetland areas, natural drainage patterns, archeological features, and slopes over 12% grade.
- Location and type of proposed screening, landscaping, berms or buffer areas if adjacent to a residential area.
- Any lighting, signs, refuse dumpsters, and possible future expansion areas.

### **NEIGHBORHOOD CHARACTERISTICS. Describe existing land uses on the subject and surrounding properties:**

- Provide a brief written statement describing the current use(s) of the property on which the conditional use is proposed.
- Provide a brief written statement documenting the current uses of surrounding properties in the neighborhood.

### **OPERATIONS PLAN AND NARRATIVE. Describe in detail the following characteristics of the operation, as applicable:**

- Hours of operation.
- Number of employees, including both full-time equivalents and maximum number of personnel to be on the premises at any time.
- Anticipated noise, odors, dust, soot, runoff or pollution and measures taken to mitigate impacts to neighboring properties.
- Descriptions of any materials stored outside and any activities, processing or other operations taking place outside an enclosed building.
- Compliance with county stormwater and erosion control standards under [Chapter 11](#) of [Chapter 14](#), Dane County Code.
- Sanitary facilities, including adequate private onsite wastewater treatment systems and any manure storage or management plans approved by the Madison and Dane County Public Health Agency and/or the Dane County Land and Water Resources Department.
- Facilities for managing and removal of trash, solid waste and recyclable materials.
- Anticipated daily traffic, types and weights of vehicles, and any provisions, intersection or road improvements or other measures proposed to accommodate increased traffic.
- A listing of hazardous, toxic or explosive materials stored on site, and any spill containment, safety or pollution prevention measures taken.
- Outdoor lighting and measures taken to mitigate light-pollution impacts to neighboring properties.
- Signage, consistent with section [10.800](#).

### **ADDITIONAL MATERIALS. Additional information is required for certain conditional uses listed in s. [10.103](#):**

- Agricultural entertainment, special events, or outdoor assembly activities anticipating over 200 attendees must file an [event plan](#).
- [Domestic pet](#) or [large animal boarding](#) must provide additional information in site and operations plans.
- Communication towers must submit additional information as required in s. [10.103\(9\)](#).
- Farm residences proposed in the FP-35 district must submit additional information as required in s. [10.103\(11\)](#).
- Mineral extraction proposals must submit additional information as required in s. [10.103\(15\)](#).

### **Neighborhood Characteristics**

The homeowners at 6993 Applewood Drive currently reside in the home. The family has raised 4 children in the home and is now proposing the home be a short-term rental. The owners are asking for a conditional use permit. The current uses of the surrounding properties in the neighborhood are residential.

### **Operations Plan and Narrative**

The following will be the house rules for the guest to abide by:

- No smoking
- No pets allowed
- Quiet hours 10 pm-8 am
- Street Parking is NOT allowed
- No events, parties, or large gatherings
- Must be at least 25 years old to book

No employees will be needed. The owners will manage the property. All trash and recyclable materials will be picked up each Thursday. There is no anticipation of additional noise, odors, dust, soot, or pollution. There will be no materials stored outside. There will be no activities, processing or other operations taking place outside an enclosed building. There is no anticipation for increased daily traffic, types, and weight of vehicles. No hazardous, toxic, or explosive material will be stored on site. No additional outdoor lighting will be added. No signage will be present. Check in time is 3:00 pm. Check out time is 11:00 am.







# REVISION SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY	DAVE 26-0610
STATE SANITARY PERMIT #	72705
STATE PLAN I.D. NUMBER	13860141
PETITION FOR VARIANCE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

-Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.

-See reverse side for instructions for completing this application.

### I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION. TAX PARCEL # 19-01-399

PROPERTY OWNER MORROW CONSTRUCTION INC		PROPERTY LOCATION SE 1/4 SE 1/4, S 27 T 9, N, R 8 E		
PROPERTY OWNER'S MAILING ADDRESS 414 DON FIORO DRIVE		LOT NUMBER 18	BLOCK NUMBER N/A	SUBDIVISION NAME APPLEWOOD HILLS
CITY, STATE MADISON WIS	ZIP CODE 53719	PHONE NUMBER (608) 274-1127	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE: MIDDLETON <input type="checkbox"/> TOWN OF:	NEAREST ROAD, LAKE OR LANDMARK APPLEWOOD DRIVE

### II. TYPE OF BUILDING OR USE SERVED:

Number of Bedrooms if 1 or 2 Family 4 OR  Public (Specify):

### III. PURPOSE OF APPLICATION: (Check only one in #1. Check #2, 3 or 4, if applicable)

REVISED

- a. New System
  b. Replacement System
  c. Replacement of Septic Tank Only
  d. Reconnection of an Existing System
  e. Repair of an Existing System
- A Sanitary Permit was previously issued. Permit # 72705 Date Issued 12-2-86
- An Existing System has been inspected and soil conditions meet minimum requirements.
- The System is shared by more than one owner/building. Attach Common Ownership Agreement to County Copy.

### IV. TYPE OF SYSTEM: (Check only one in #1 and only one in #2)

- a. Conventional
  b. Alternative
  c. Experimental
- a. System-In-Fill
  b. Holding Tank
  c. Pit Privy
  d. Vault Privy
  e. Mound
  f. IGP

### V. ABSORPTION SYSTEM INFORMATION: (Check one)

- a. Seepage Bed
  b. Seepage Trench
  c. Seepage Pit

2. PERCOLATION RATE (Minutes per inch): <u>15</u>	3. ABSORPTION AREA REQUIRED (Square Feet): <u>1260</u>	4. ABSORPTION AREA PROPOSED (Square Feet): <u>1272</u>	5. SYSTEM ELEVATION <u>76</u> Feet	6. WATER SUPPLY: <input type="checkbox"/> Private <input type="checkbox"/> Joint <input checked="" type="checkbox"/> Public
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VI. TANK INFORMATION	CAPACITY in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<u>1000</u>		<u>2000</u>	<u>2</u>	<u>CREST</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber					<u>PRECAST</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### VII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the private sewage system shown on the attached plans.

Plumber's Name (Print): <u>ALAN'S PLUMBING</u>	Plumber's Signature: (No Stamps) <u>Ronald M. Hoag</u>	MP/MBR#: <u>6654</u>	Business Phone Number: <u>(608) 497-3365</u>
Plumber's Address (Street, City, State, Zip Code): <u>P.O. Box 145 Mt. Horeb Wis 53572</u>		Name of Designer: <u>SAME</u>	

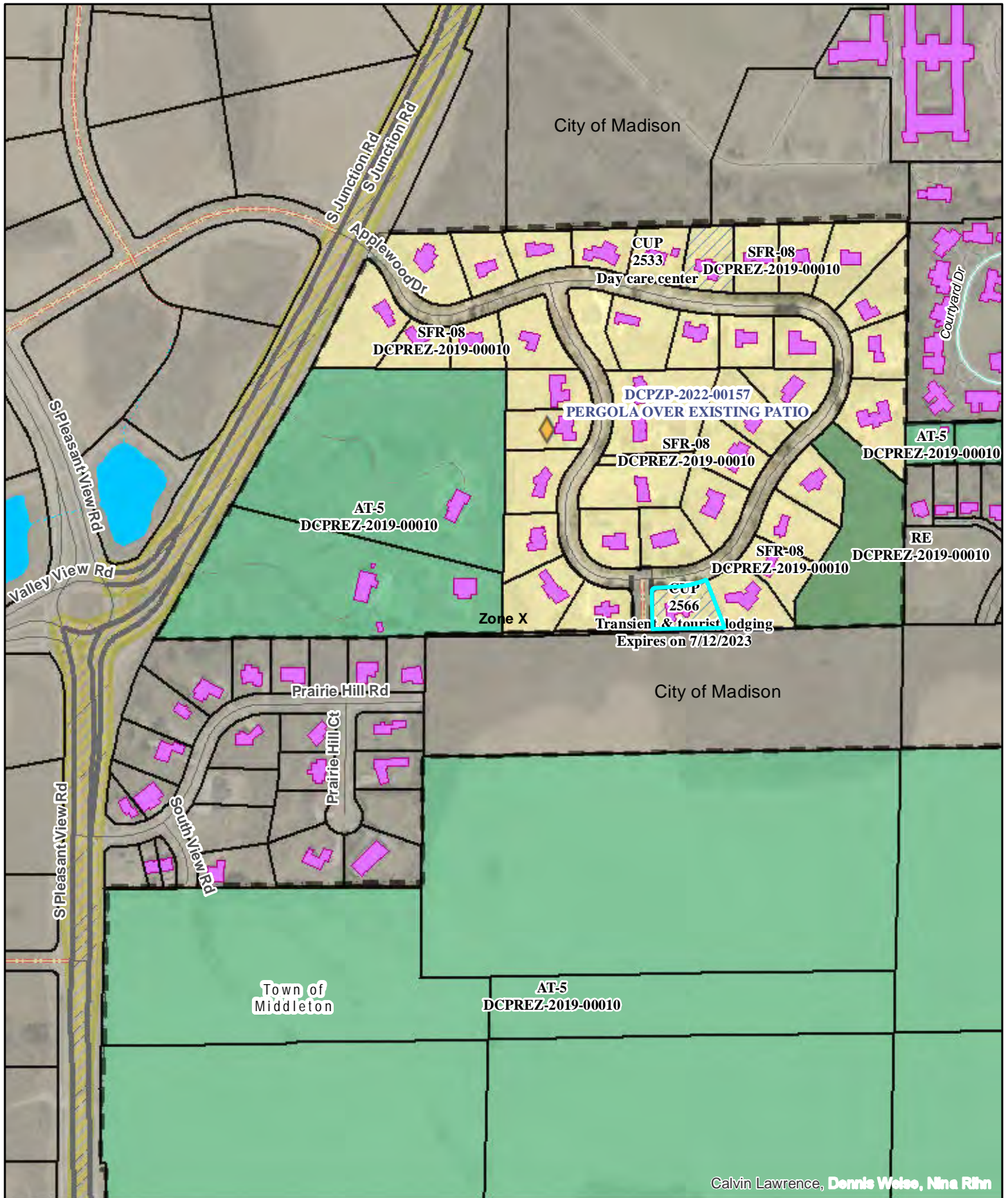
### VIII. SOIL TEST INFORMATION

Certified Soil Tester (CST) Name <u>DALE PARKER</u>	CST # <u>2</u>
CST's ADDRESS (Street, City, State, Zip Code) <u>6601 Grand Teton Plaza Madison 53719</u>	Phone Number: <u>(608) 833-7373</u>

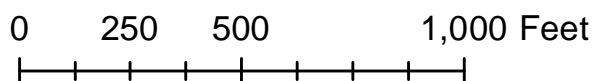
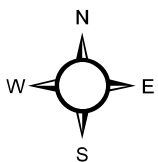
### IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee <u>—</u>	Groundwater Surcharge Fee <u>—</u>	Date <u>4-16-87</u>	Issuing Agent Signature (No Stamps) <u>Patrice Christman</u>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination				

### X. COMMENTS/REASONS FOR DISAPPROVAL:



Calvin Lawrence, Dennis Weiss, Nina Rahn



## CUP 2612 Neighborhood Map