



January 2013

COUNTY OF KENOSHA

Department of Planning and Development

RECEIVED

APR 04 2019

Kenosha County
Planning and Development

LAND DIVISION APPLICATION

In order for applications to be processed, all information, drawings, application signatures, and fees required shall be submitted at time of application.

Please check the appropriate box below for the type of application being submitted:

- ☒ Certified Survey Map
- ☐ Subdivision Preliminary Plat
- ☐ Subdivision Final Plat
- ☐ Condominium Plat

Applicant is: ☒ Property Owner ☐ Subdivider ☐ Other _____

Applicant Name: Mary Paige Thelen Date 4/4/19

Mailing Address: 34202-116th St Phone # 847-417-7866
Twin Lakes WI 53181 Home Phone # 262-877-3718

Tax Parcel Number(s): 606-4-119-273-0503

_____ Acreage of Project: 5.377

Location of Property (including legal description):

See attached CSM

Subdivision/Development Name (if applicable): _____

Existing Zoning: A1 Proposed Zoning: R1

LAND DIVISION
APPLICATION

Town Land Use Plan District Designation(s) (if applicable):

Present Ag and Rural density Residential

Proposed Same

Present Use(s) of Property: Agricultural

Proposed Use(s) of Property: Residential / Single Family home

The subdivision abuts or adjoins a state trunk highway..... Yes () No (☒)

The subdivision will be served by public sewer Yes () No (☒)

The subdivision abuts a county trunk highway Yes (☒) No ()

The subdivision contains shoreland/floodplain areas Yes () No (☒)

The subdivision lies within the extra-territorial plat (ETP) authority
area of a nearby Village or City Yes (☒) No ()

*Applicant is responsible for submitting to the ETP authority any fees and documentation
needed to obtain a recommendation.

REQUIRED SIGNATURE(S) FOR ALL APPLICATIONS:

Mary Paige Shee 4/4/19
Property Owner's Signature Date

Property Owner's Signature Date

REQUIRED APPLICABLE SIGNATURES:

[Signature] 4/4/19
Applicant's Signature Date

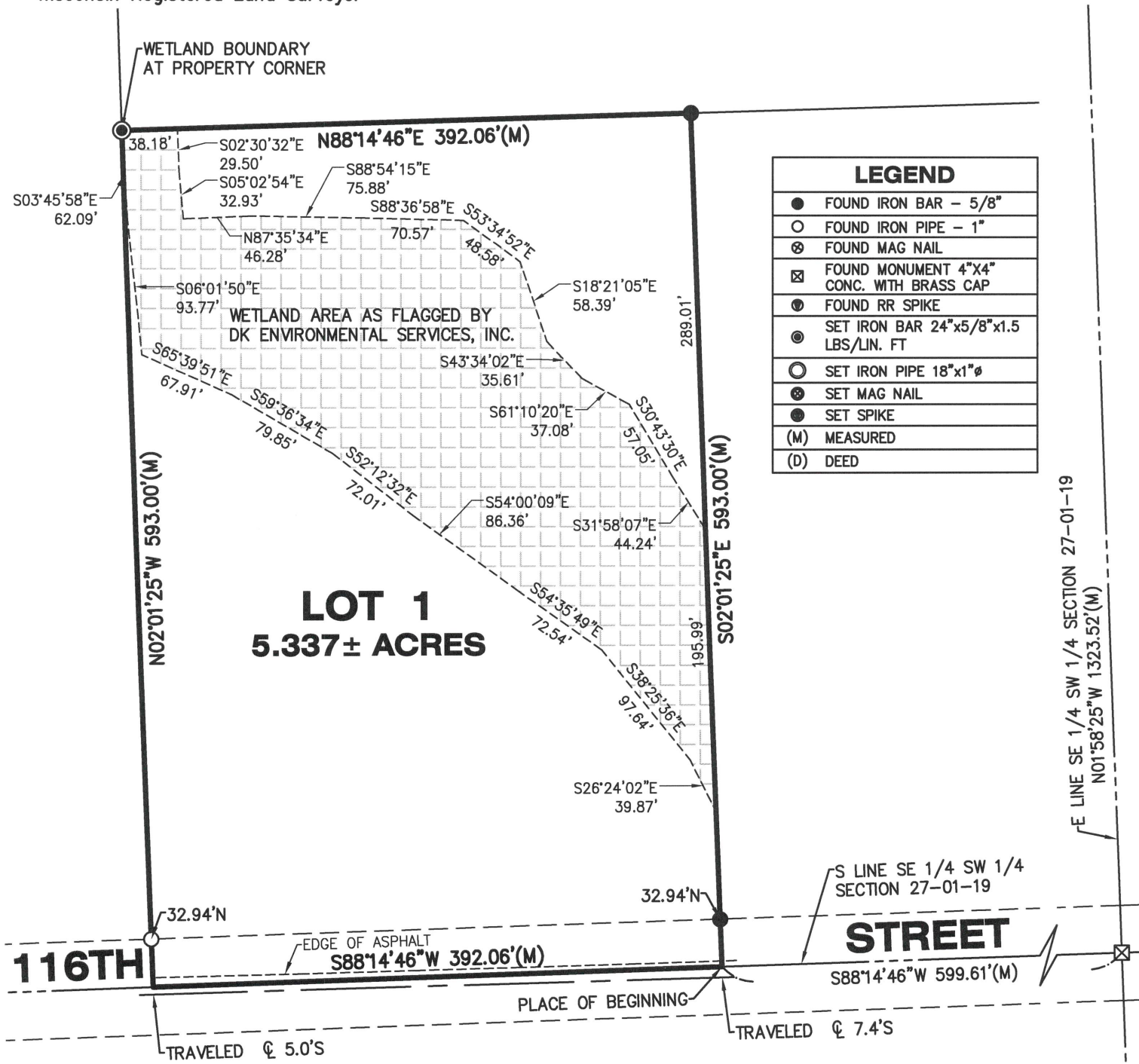
Developer's Signature Date

CERTIFIED SURVEY
MAP NO. _____

Part of the Southeast Quarter of the Southwest Quarter
of Section 27 Township 1 North, Range 19 East of the
Fourth Principal Meridian, in Kenosha County Wisconsin.

William J. Vanderstappen

William J. Vanderstappen, S-1777
Wisconsin Registered Land Surveyor



"A-1" - AGRICULTURAL PRESERVATION DISTRICT
PER KENOSHA COUNTY ZONING MAP 2015

CLIENT: TOM THELEN

DRAWN BY: SES CHECKED BY: WJV

SCALE: 1"=100' SEC. 27 T. 1 R. 19 E.

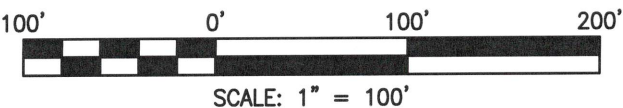
BASIS OF BEARING: SEE NOTE *

P.I.N.: 60-4-119-273-0503

JOB NO.: 180851-A I.D. CSM

FIELDWORK COMP.: 4/1/19 BK. PG.

ALL DISTANCES SHOWN IN FEET AND DECIMAL
PARTS THEREOF CORRECTED TO 68° F. REF: _____



SCALE: 1" = 100'

*NOTE: BEARINGS REFERENCED TO WISCONSIN
STATE PLANE COORDINATES, SOUTH ZONE
(NAD-27) IN WHICH THE SOUTH LINE OF THE SW
1/4 OF SECTION 27-01-19 BEARS N88°14'46"E.

PREPARED BY:
VANDERSTAPPEN LAND SURVEYING, INC.
1316 N MADISON ST. WOODSTOCK, IL, 60098
April 9, 2019


MAP NO. _____

Part of the Southeast Quarter of the Southwest Quarter
of Section 27 Township 1 North, Range 19 East of the
Fourth Principal Meridian, in Kenosha County Wisconsin.

SURVEYOR'S CERTIFICATE

I, William J. Vanderstappen, Registered Land Surveyor, hereby certify that in full compliance with the provisions of Section 236.34 of the Wisconsin Statutes and the Subdivision Control Ordinance, Kenosha County, Wisconsin, and under the direction of Thelen Sand & Gravel, owner of said land, I have surveyed and mapped this certified survey, that such plat represents all exterior boundaries and the division of the land surveyed, and that this land is located within the Southeast Quarter of the Southwest Quarter of Section 27, Township 1 North, Range 19 East of the Fourth Principal Meridian, in Kenosha County described as follows:

Part of the Southeast Quarter of the Southwest Quarter of Section 27, Township 1 North, Range 19 East of the Fourth Principal Meridian, being described as follows: Commencing at the Southeast corner of said Southeast Quarter of the Southwest Quarter; thence South 88 degrees 14 minutes 46 seconds West along the South line of said Southeast Quarter of the Southwest Quarter, 599.61 feet to the Place of Beginning; thence continuing South 88 degrees 14 minutes 46 seconds West along said South line, 392.06 feet to a line 328.55 feet East of and parallel with the West line of the Southeast Quarter of the Southwest Quarter of Section 27; thence North 02 degrees 01 minutes 25 seconds West along said parallel line, 593.00 feet; thence North 88 degrees 14 minutes 46 seconds East parallel with said South line, 392.06 feet; thence South 02 degrees 01 minutes 25 seconds East parallel with said West line, 593.00 feet to the Place of Beginning, in Kenosha County, Wisconsin.


William J. Vanderstappen, S-1777
Wisconsin Registered Land Surveyor
This survey and map are in accordance with the Land
Division Ordinance of the Kenosha County.

4/9/2018
Date

180851-A
Job Number

TOWN APPROVAL

Approved by the Town of Randall

this ____ day of _____, 20__.

Chairman

Treasurer

COUNTY APPROVAL

Approved by resolution of the Kenosha County Land Management Committee.

this _____ day of _____, 20__.

Chairman

OWNERS CERTIFICATE

As owner I hereby certify the I have caused
the above described land to be surveyed,
divided and mapped as represented hereon.

Owner

Date: _____



COUNTY OF KENOSHA

Division of Health Services

19600 - 75th Street, Suite 185-3
Bristol, Wisconsin 53104-9772
Telephone: (262) 857-1910
Facsimile: (262) 857-1920

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APPLICATION FOR SOIL TEST REVIEW
FOR PROPOSED CERTIFIED SURVEY MAPS AND SUBDIVISIONS
TO BE SERVED BY PRIVATE ON-SITE WASTEWATER TREATMENT
SYSTEMS

Pursuant to Chapter 15 of the Kenosha County Municipal Code all lots and parcels of land being subdivided in the manner of Certified Survey Maps and Subdivision Plats shall have soil and site evaluations conducted to determine soil suitability for each proposed parcel. Submittal of soil information shall be done at the time of or prior to applying for review of the proposed land divisions by the Kenosha County Division of Health Services. Please complete the applicant information below and include the required review fees. All checks shall be made payable to "Kenosha County."

Owner: _____ Agent: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Parcel Number of Property Being Divided: _____

Proposed Project _____

1. Number of lots/parcels being created (Do not include outlots or the remnant parcel unless it is 35 acres or less) _____.
2. Review Fee = Number from above x \$75 _____.
3. Does the original parcel have any existing dwellings or buildings served by private on-site wastewater treatment (septic) systems? Yes _____ No _____.
4. Are these systems older than July 1, 1980? Yes _____ No _____.
5. If you answered **yes** to questions 3 and 4, this existing septic system must go through an evaluation to determine compliance with SPS 383.32 of the Wisconsin Administrative Code or may need to replace the existing system with a code compliant one as part of this land division procedure. The Sanitary Permit for the replacement system must be issued prior to applying for approval of the land division with the Division of Planning & Development.
6. Certified Survey Maps (CSMs) must have complete soil and site evaluations for all proposed lots including any remnant parcel 35 acres or less. For CSMs involving structures served by private sewage systems the existing system and all treatment tanks shall be located and shown on the survey and must be evaluated for compliance with SPS 383.32, Wisconsin Administrative Code. Existing systems older than July 1, 1980 and in suitable soils shall be required to have a soil and site evaluation conducted to establish a replacement area for a future private sewage system. This area designated for a future system shall be shown on the survey and must meet all setback requirements and be within the boundaries of the newly proposed parcel.

7. Preliminary plats must follow the soil and site evaluation requirements as stated in Chapter 15.07 of the Kenosha County Sanitary Code and Private Sewage System Ordinance. Final plats on clayey glacial till soils will be required to have complete soil tests conducted and have the soil boring locations on the plat.
8. For further information and details of these procedures you may contact a sanitarian in the Division of Health Services or at 262/857-1910.

FOR OFFICE USE ONLY

Soil and Site Evaluations received on _____

Proposed land divisions will be scheduled for hearing with the Planning, Development & Extension Education Committee on _____

Comments _____

Soil and Site Evaluations have been reviewed and are compliant with Chapter 15.07 and SPS 385

County Sanitarian _____ Date _____