

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE  
PLANNING AND ZONING DIVISION

EXHIBIT A

515 W. Moreland Blvd. Room AC230  
Waukesha, WI 53188  
(262) 548-7790

Email [pod@waukeshacounty.gov](mailto:pod@waukeshacounty.gov)

Website [www.waukeshacounty.gov/planningandzoning](http://www.waukeshacounty.gov/planningandzoning)

**Site Plan and Plan of Operation Application**  
***Zoning Compliance Form***

Fee Pd. \$ \_\_\_\_\_ ATF Y/N: \_\_\_\_ Receipt No.: \_\_\_\_\_ Staff initials recv'ing appl \_\_\_\_\_

SPPO File No. \_\_\_\_\_ Permit No. \_\_\_\_\_

(Area above to be completed by the Zoning Administrator)

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What is the nature of the request? Please check the appropriate box(es)

New Business in Existing Building or on Existing Site

Change in Business Operations

Interior Remodeling

New Operator

Change to Signage

Change in Use

The completion of this application form must be accompanied by: **One electronic copy** of an **up to date** and **detailed** Site Plan or Plat of Survey (preferred), **drawn to scale and including**, but shall not be limited to, all existing buildings, signage, lighting, landscaping, parking, loading, storage, dumpsters, septic and well, etc.; an **interior layout (electronic plan) of all buildings and the existing and proposed uses of the interior spaces** (i.e., office, retail, restaurant, etc.); and any other supporting materials. The above shall be submitted to the Planning and Zoning Division, and upon review of the information, **additional items may be required**. The plans shall be **drawn to scale** and shall be no larger than 11" x 17", and shall **not** be faxed, or reduced or enlarged (unless plans are to scale). Future revisions to the approved Site Plan/Plan of Operation will require new approvals. Please print.

1. **Property Owner Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

2. **Tax Key No(s).** \_\_\_\_\_

3. **Business Operator Name:** \_\_\_\_\_

**Address where information should be sent, if different from the Business Address listed below:**

\_\_\_\_\_

**Contact Phone No:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

4. **Business Operation Name:** \_\_\_\_\_  
**Address of Business Premises and Unit Number(s):**

\_\_\_\_\_

**Business Phone No.:** \_\_\_\_\_

5. **Business Description:** Describe **in detail** below the specific type of business operation (Retail, Restaurant, Manufacturing, Office, etc.), **including** temporary, accessory, and outdoor uses (storage, etc.). Provide a separate list of all items sold or produced on the property.

6. **Are any changes to the site proposed?** Yes            No  
If yes, delineate **any and all** changes on the Site Plan submitted.

7. **Is any interior remodeling proposed?** Yes            No  
If yes, delineate any changes on the Interior Floor Plan submitted. A separate permit and/or State Approved Building Plans (submitted electronically) may be required.

8. **No. of parking spaces on the site** (\*staff see p. 4)? \_\_\_\_\_ No. of accessible stalls? \_\_\_\_\_  
Number of loading docks on the site? \_\_\_\_\_ No. of required spaces (staff enters)? \_\_\_\_\_  
Describe the **specific** types of business related vehicles and equipment parked/stored outdoors on the site (numbers, sizes, etc.)?

\_\_\_\_\_

**Are any changes to the parking or loading on the site proposed?**

Yes            No            If yes, delineate any changes on the Site Plan submitted.

9. **Are any changes to the lighting on the site proposed?** Yes            No  
If yes, delineate any changes on the Site Plan submitted.

10. **Are any changes to the landscaping on the site proposed?** Yes            No  
If yes, delineate any changes on the Site Plan submitted.

11. **Is the operator changing?** Yes            No            If yes, please complete No. 3 above.

12. **Are any special events proposed with this use?** Yes            No  
If yes, describe the types of events, parking accommodations, sanitary facilities, number of persons, days/hours of each event, music, security, food and alcohol served, fencing, signage, etc., and delineate the locations of the events on the Site Plan/Floor Plan submitted.

13. Describe below the type of signage that exists and what signage is proposed on the site (attached, free standing, ground, mobile, projecting, window, electronic message, banners, flags, sandwich boards, etc.) and if the signs are illuminated, single/double faced, along with the number, size, and height of all signs:

Are any changes to the existing signage on the site proposed? Yes No

If yes, delineate any changes on the Site Plan submitted.

14. What are the days and hours of operation? \_\_\_\_\_

Is this a change from the current approved days/hours of operation? Yes No

15. How many employees, including yourself, will be working at this location?

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_

Is this a change from the current approved no. of employees? Yes No

16. Will there be music or other types of entertainment on site? Yes No

If yes, describe what types (live, amplified, recorded, jukebox, etc.), indoors and/or outdoors, and the days and hours music will be provided?

17. Are there dumpsters/waste containers on the site? Yes No

If yes, delineate on the Site Plan submitted.

If yes, how are they screened from public view? \_\_\_\_\_

18. Site served by: sewer or a private septic system – type \_\_\_\_\_

If on septic, has a Sanitary Permit or PSE been obtained for this project? Yes No

If N/A per EHD, check box and provide name and date \_\_\_\_\_

If yes, provide a Sanitary Permit number or date of PSE approval \_\_\_\_\_

If no, contact the County EHD at (262) 896-8300, or visit Room AC260.

19. Will there be food service? Yes No

If yes, provide an interior and exterior table seating chart on the Floor Plan/Site Plan and contact the County EHD at (262) 896-8300 or visit Room AC260 for a Restaurant License.

20. Will there be bar service? Yes No

If yes, provide an interior and exterior bar seating chart on the Floor Plan/Site Plan and contact the Town Hall for a Liquor License.

21. Will there be outdoor storage on the site? Yes No

If yes, delineate on the Site Plan submitted and list what specific types of items will be stored outdoors on the site (number, size, etc.)?

22. **Has a building inspection been completed for this proposal?** Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ If no, please contact the Town Building Inspector for a building inspection.

23. **Has a fire inspection been completed for this proposal?** Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please contact the Fire Inspector for your area for a fire inspection, if he/she requires one.

24. **Have you contacted the Town for approval of your project?** Yes \_\_\_\_\_ No \_\_\_\_\_

Anticipated Town meeting date \_\_\_\_\_

The undersigned owner hereby certifies that **all** of the above information and attachments (Site Plan/Plat of Survey, Interior Floor Plans, and supplemental information) are true and accurate to the best of his or her knowledge and belief, and that he or she has read and understands **all** information in this application/compliance form. Incomplete or inaccurate applications may be denied. The use of the property shall be carried out as approved/conditioned, and all applicable ordinances and/or codes of the state, county, and town shall be complied with in carrying out the use as approved. If any changes are made from this approval, a revised permit is required. Failure to comply with the approval as permitted will result in revocation and/or other penalties. By signing this form, the owner or his/her authorized agent is giving their consent for the Department of Parks and Land Use to inspect the site as necessary and related to this application even if the property has been posted against trespassing pursuant to Wis. Stat.; and serves as your acceptance of the wetland statement included on your Property Owner letter issued with your permit, as applicable. BOTH THE OWNER/AUTHORIZED AGENT AND OPERATOR MUST SIGN THIS APPLICATION OR THE APPLICABLE AUTHORIZED AGENT FORM.

Name of Property Owner or Authorized Agent: \_\_\_\_\_

Signature: \_\_\_\_\_

Title or authority if not the property owner: \_\_\_\_\_

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

Name of Business Operator: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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(Area below to be completed by the Zoning Administrator)

**Upon approval and signature by the Zoning Administrator below stating the Site Plan/Plan of Operation Zoning Compliance Form complies with Zoning Ordinances(s), the Zoning Compliance Form becomes the Use Permit conditioned upon the attached conditions of approval and approved plans/exhibits.**

Zoning District(s): \_\_\_\_\_ SFPO \_\_\_\_\_ ZC \_\_\_\_\_

Lot Size: Width \_\_\_\_\_ Depth \_\_\_\_\_ Area \_\_\_\_\_

CU File No./series, if applicable \_\_\_\_\_

Does the use comply with **all** of the zoning ordinance regulations **and** the Town and County

CDPs? Yes \_\_\_\_\_ No \_\_\_\_\_

Zoning Administrator Approved \_\_\_\_\_ Conditionally Approved \_\_\_\_\_ Denied \_\_\_\_\_

\*update parking spreadsheet, if applicable.

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

Reviewed by (planner initials/date): \_\_\_\_\_