

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

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

Email pod@waukeshacounty.gov

Website www.waukeshacounty.gov/planningandzoning

EXHIBIT A

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)

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 (1) 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 (plans) 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 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. 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: _____

 (Area below to be completed by the Zoning Administrator)

Site Plan/Plan of Operation Use Permit and Compliance with Zoning Ordinance(s)

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? Yes No
 *update parking spreadsheet, if applicable.

Zoning Administrator Approved Conditionally Approved Denied

Signature: _____ Date: _____

Reviewed by (planner initials/date): _____

Conditions of Approval and Approved Plan Attachments – see attached.