

PLAN OF OPERATIONS

1. Name of Business _____

Address _____

Phone Number _____

Years in operation _____

At what address _____

2. Name of owner _____

Address _____

Phone Number _____

3. Name of operator (if different from owner) _____

Address _____

Phone Number _____

4. Type of Business (detailed explanation of business) _____

5. Zoning of Property _____

6. Zoning of Property to the:

North: _____ Use of Property that property _____

East: _____ Use of Property that property _____

West: _____ Use of Property that property _____

South: _____ Use of Property that property _____

7. List all chemicals stored in all the buildings:

Building A: _____

Building B: _____

Building C: _____

Contact person for Fire Dept. purposes _____

Daytime Telephone No _____ Night time No. _____

8. Specific Use of Property and Buildings:

Building A: _____

Building B: _____

Building C: _____

Outdoor uses _____

9. Maximum Number of Employees _____

10. Days of Operation _____

Hours of Operation _____

11. Parking:

A. Number of spaces available _____

B. Dimensions of parking lot _____

C. Parking Lot construction: Paved _____ Gravel _____ Grass _____

D. Is employee parking included in "Number of spaces available"? Yes _____ No _____

E. Type of screening: Fencing _____ plantings _____

12. Outdoor Lighting:

Type _____

Location _____

13. Signs:

Type: Free standing _____ Attached to building _____

Lighted _____ Mobile _____

Single or double faced _____

Size _____ Location _____

14. Is there any food service or vending machines incorporated in this proposal? Yes ___ No ___

If yes, How many? _____ What type? _____

***Please contact West Allis Health Dept. for Food/Restaurant License (414) 302-8600.**

15. Are there any game machines in this proposal? Yes _____ No _____

If yes, How many? _____ What type? _____

16. Is there any type of music in this proposal? Yes _____ No _____

If yes, Juke Box: _____ Live: _____ Days of week: _____ Hrs: _____

17. Type of refuse disposal: Municipal _____ Private _____

18. Is a highway access permit needed from the State, County, or local Municipality?

Yes _____ No _____

If yes, have you secured a permit? Yes _____ No _____

19. Is there a need for any special type of security fencing? Yes _____ No _____

If yes, what type? _____

20. Date of approval by the Department of Natural Resources of the well for the proposed use:
(if applicable) _____

21. Date of approval by the County Health Department for the existing septic system:
(if applicable) _____

22. What type of sanitary facilities are to be installed for the proposed operation?

23. Do you feel there will be any problems such as odor, smoke, noise, light, or vibration resulting
from this operation? Yes _____ No _____ If yes, explain _____

24. Surface water drainage facilities (describe and/or include on site plan): _____

25. Is a liquor license or any other special license to be obtained from the local Municipality or State

Licensing agencies? Yes _____ No _____

If yes, explain _____

26. Did Wisconsin State Department of Industry Labor and Human Relations approve building plans?

Yes _____ No _____

27. Is this an expansion of an existing operation? Yes _____ No _____

If yes, are there currently any permits under other names, other than what are indicated on this

application?: Names _____

28. Any other information/details _____

A DETAILED SITE PLAN WITH DIMENSIONS OF ALL BUILDINGS, PARKING AREAS, SIGN LOCATIONS AND OTHER PERTINENT DATA IS TO BE SUBMITTED WITH ALL APPLICATIONS.

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Does this building need to add a sprinkler system and/or fire alarm system? Yes No
Applicant responsible to follow up with both the state and municipal contacts to confirm.
Municipal requirements might be different than state. **W Milw Fire Inspector: 414-645-1530 x129**

(Date of Filing)

(Applicant's Signature)