

VILLAGE OF WEST MILWAUKEE PLAN OF OPERATIONS



Property Information

Property Address: _____

Parcel/Tax Key Number: _____

Current Zoning of Property: _____

Zoning of the Property to the:

North: _____ Use of Property to the North: _____

East: _____ Use of Property to the East: _____

West: _____ Use of Property to the West: _____

South: _____ Use of Property to the South: _____

Will this use require a rezone _____ Yes _____ No

New zoning being requested: _____

Will you be requesting a Planned Unit Development (PUD)? _____ Yes _____ No

Will this use require a Conditional Use Permit? _____ Yes _____ No

Contact Information

Name of Business: _____

Previous Address: _____ Years in Operation: _____

Name of Owner: _____

Address: _____

Phone Number: _____ Email: _____

Additional Contact Information: _____

Name of Operator/Manager (if different from owner): _____

Address: _____

Phone Number: _____ Email: _____

Business Details

Type of Business (detailed explanation of business): _____

Specific Use of Property and Buildings:

Building A: _____

Building B: _____

Building C: _____

Outdoor uses: _____

Maximum Number of Employees _____

Days of Operation _____

Hours of Operation _____

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 _____

Outdoor Lighting:

Type _____

Location _____

Signs:

Type: Free standing _____ Wall _____

Lighted _____ Monument: _____

Size _____ Location _____

Chemicals: 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. _____

Additional Licenses:

Is there any food service incorporated in this proposal? Yes ___ No ___

If yes, how many? _____ What type? _____

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

If yes, How many? _____ What type? _____

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

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

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 _____

Miscellaneous Information:

Name of private refuse/disposal company: _____

Type of screening: _____

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

If yes, what type? _____

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

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 _____

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

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

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.

(Date of Filing)

(Applicant's Signature)