

# 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

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## 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 \_\_\_\_\_

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

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Is this an expansion of an existing operation? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other information/details \_\_\_\_\_

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**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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(Date of Filing)

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(Applicant's Signature)