

W240 N3065 Pewaukee Road Pewaukee, WI 53072 Phone – 262-691-9107 Fax- 262-691-6039 Email: buildingservices@pewaukee.wi.us	<b>BUSINESS PLAN OF OPERATION  APPLICATION  VILLAGE OF PEWAUKEE</b> Please provide all applicable information	Permit No.
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<b>LEGAL NAME OF PROPOSED BUSINESS:</b>	<b>Lot #</b>	<b>Tax Key/Parcel No.</b>
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<b>SITE ADDRESS</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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Tenant/Business Name (Please Print)	Mailing Address	City	State	Zip	Phone#
	Email Address				

Property Owner Name: (Please Print)	Mailing Address	City	State	Zip	Phone#
	Email Address				

**TYPE OF BUSINESS: Please check the appropriate box for type:**

<input type="checkbox"/> Retail	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other? _____
<input type="checkbox"/> Office	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	

<b>NEW USE? Yes or No</b>	<b>EXPANSION OF EXISTING USE? Yes or No</b>
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**DESCRIPTION OF BUSINESS OPERATION (attach separate narrative as necessary):**

Zoning District:	Hours of operations: From -                      to -	Days of operations:
Maximum # of employees:	How many full-time?	How many part-time?
Expected customers per day:	Number of trucks per day:	Number of autos per day:

<b>PARKING</b>	<b>STORAGE</b>
<ul style="list-style-type: none"> <li>• Available Parking/Parking Lot Spaces # _____</li> <li>• Loading Spaces # _____</li> <li>• Is there Overnight Parking? Yes or No <ul style="list-style-type: none"> <li>o Where? _____</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Any outside storage? Yes or No</li> <li>• Please list type of Storage? _____</li> </ul>

<b>SEWAGE DISPOSAL BY:</b>	<b>WATER SUPPLY BY:</b>	<b>SOLID WASTE (trash) DISPOSAL BY:</b>
Public Sewer _____ Septic Tank _____ Holding Tank _____ Storm Water Retention/Detention? Yes or No	Public Water Main _____ Private Well _____ Other _____	Contract: Self: Any flammable substances? Yes or No If Yes, where Stored? _____

**Any Special Equipment/Facilities/Requirements? Yes or No What? \_\_\_\_\_**

The applicant and property owner(s) hereby certify that: 1) all statements and other information submitted as part of this application are true and correct to the best of applicant's and property owner(s)' knowledge; 2) the applicant and property owner(s) has/have read and understand all information in this application; and 3) the applicant and property owner(s) agree that any approvals based on representations made by them in this Application and its submittal, and any subsequently issued building permits or other type of permits, may be revoked without notice if there is a breach of such representation(s) or any condition(s) of approval.

By execution of this application, the property owner(s) authorize the City of Pewaukee and/or its agents to enter upon the subject property(ies) between the hours of 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection while the application is under review. The property owner(s) grant this authorization even if the property has been posted against trespassing pursuant to Wis. Stat. §943.13.

<b>APPLICANT'S SIGNATURE</b> _____	<b>DATE SIGNED</b> _____
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Applicant is responsible to obtain any licenses, permits, certificates or other documents from other agencies of City Departments. For example: Cigarette and Alcoholic Beverage Licenses must be obtained from the City Clerk and Building Permits from the Building Inspector. Also, Occupancy of the premises requires approval of this application.

**APPROVAL CONDITIONS**                      This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.     See below or attached for conditions of approval.

**OFFICE USE ONLY**

**Business Plan of Operation Application Fee: \$0.00**

Submitted for Review on: _____	Date: _____
Approval by Zoning Administrator: _____	Date: _____
Approval by City Planner: _____	Date: _____

SPECIAL REQUIREMENTS/COMMENTS: \_\_\_\_\_