

W240 N3065 Pewaukee Rd Pewaukee, WI 53072 Building Services Office - 262-691-9107 City Hall Main Office - 262-691-0770 Fax - 262-691-1798	BUSINESS PLAN OF OPERATION APPLICATION CITY OF PEWAUKEE	Permit No. Parcel/Tax Key No.
LEGAL NAME OF PROPOSED BUSINESS:		Lot #:
SITE ADDRESS: _____ City _____ State _____ Zip _____		
Tenant / Legal Business Name (Please Print)	Mailing Address _____ City _____ State _____ Zip _____ Email Address _____	Phone# _____ FEIN # _____
Property Owner Name: (Please Print)	Mailing Address _____ City _____ State _____ Zip _____ Email Address _____	Phone# _____ FEIN# _____
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		
NEW USE? Yes or No or EXPANSION OF EXISTING USE? Yes or No or OTHER?		
DESCRIPTION OF BUSINESS OPERATION (attach separate narrative as necessary): 		
Current Zoning:	Hours of Operation:	Days of Operation:
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:
PARKING		STORAGE
<ul style="list-style-type: none"> • Available Parking/Parking Lot Spaces # _____ • Loading Spaces # _____ • Is there Overnight Parking? Yes or No o Where? _____ 		<ul style="list-style-type: none"> • Any outside storage? Yes or No • Please list type of Storage? _____
SEWAGE DISPOSAL BY:	WATER SUPPLY BY:	SOLID WASTE (trash) DISPOSAL BY:
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? _____		<u>PLEASE ATTACH SITE & FLOOR PLAN ILLUSTRATING TENANT SPACE LOCATION</u>
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.		
APPLICANT'S SIGNATURE _____ APPLICANT'S PRINTED NAME _____ DATE SIGNED _____		
PROPERTY OWNER'S SIGNATURE _____ PROPERTY OWNER'S PRINTED NAME _____ DATE SIGNED _____		
APPROVAL CONDITIONS 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.		
Business Plan of Operation Application Fee: \$100.00		
For City Staff ONLY Submitted for Review on: _____ Approval by Zoning Administrator: _____ Date: _____ Approval by City Planner: _____ Date: _____ SPECIAL REQUIREMENTS/COMMENTS: _____ _____		

(The applicant's signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below, and a signed property owner's authorization letter may be provided in lieu of the property owner's signature[s] below. If more than one, all of the owners of the property must sign this Application).



CITY OF PEWAUKEE

Water & Sewer Division

W240N3065 Pewaukee Road • Pewaukee, WI 53072

Phone: (262) 691-0804 • Fax: (262) 691-5729

Email: publicworks@pewaukee.wi.us

Private Fire Protection Size: _____

Domestic Water Size: _____

NOTICE OF INTENT TO DISCHARGE WASTEWATER

(Please print then mail, fax or email to address above)

Note: The discharge shall comply with all conditions of the City Municipal Code Chapter 13.20 found in Title 13 Public Services at: www.cityofbrookfield.com.

TO BE COMPLETED BY COMMERCIAL/INDUSTRIAL USER *(Please Print)*

1. Company Name: _____

2. Facility Street Address: _____

City/State/Zip: _____

3. Mailing Address (if different): _____

City/State/Zip: _____

4. Company Representative Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

5. Brief description of business: _____

6. Existing number of employees: Full-time: _____ Part-time: _____

7. Operating: #Days/week: _____ #Hours/day: _____ #Shifts: _____

8. Facility Four-digit SIC Code: _____ OR Six-digit NAICS Code: _____

9. Reason for filing survey:

- Change of occupancy
- Construction of a new facility/new addition
- Proposing to discharge from a facility where there is currently no discharge or adding a new sewer connection
- Significantly altering the volume or characteristics of an existing discharge
- Applying for reissuance of an existing discharge permit
- Per request by municipality – discharge ongoing with no expected changes
- Update previous information

10. Date when new or altered discharge is expected to begin: ____/____/____

11. Estimated sanitary sewer discharge:	<u>Existing</u>	<u>Proposed</u>
A. Gal/day process wastewater:	_____	_____
B. Gal/day sanitary wastewater:	_____	_____
C. Gal/day cooling water:	_____	_____

Note: A review of quarter water usage bills may be helpful in assigning flow values.
 Total gal/day (for all uses) = quarter usage (in 1000 gallons) x 1000/# operating days in quarter.
 This daily total is then distributed into estimated gal/day of process, sanitary and/or cooling.
 Process wastewater is any discharge other than sanitary, non-contact cooling or boiler blowdown water.
 Sanitary flow may be estimated as 20 gal/day/employee.

12. Describe process(es) that will result in the discharge of a commercial/industrial process wastewater:

13. List any chemicals/pollutants expected to be present in your discharge: _____

14. Described any wastewater pretreatment and/or facilities to be used: _____

15. Is there any usage of toxic organic compounds at the facility? (Solvents, flammable compounds, etc.)
 Yes _____ No _____

16. How are toxic organic compounds disposed of?
 Discharge to sanitary sewer
 Hauled to treatment/recycling center
 No waste (used in process or sparingly on rags)
 Other, specify: _____

17. Comments: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative Signature: _____

Print Name: _____ Date: _____