

APPLICATION FORM 11: PLAN OF OPERATIONS

Request for Plan Commission Review

(Please Type or Print)

1. Name of Business: _____

Village Address: _____

Business Phone: _____

2. Full Name(s) of Property Owner(s): _____

Phone: _____

Street Address (Not P.O. Box): _____

City, State, Zip: _____

3. Full Name(s) of Business Operator(s): _____

Phone: _____

Street Address (Not P.O. Box): _____

City, State, Zip: _____

4. Legal Description of Property: Tax Key No.: _____

Zoning of Property: _____

5. Lot Size: Depth: _____ Width: _____ Area: _____

6. Dimensions and levels of all buildings:

DIMENSIONS

LEVELS

Building A: _____

Building B: _____

Building C: _____

_____:

TOTAL FLOOR AREA OF BUSINESS: _____

7. Specific Use of Property and Buildings:

Building A: _____

Building B: _____

Building C: _____

Outdoor Uses: _____

8. Maximum Number of Employees: _____

9. Days of Operation: _____

Hours of Operation: _____

(Include days/hours in which employees may be occupying the building.)

- 10. Parking:**
 A. Number of spaces available: _____
 B. Dimensions of parking lot: _____
 C. Parking lot construction: _____
 D. Is employee parking included in Number of spaces available?
 Yes _____ No _____
- 11. Outdoor lighting:**
 Type: _____
 Location: _____
- 12. Signs:**
 Type: Free Standing: _____ Attached to Building: _____
 Lighted: _____ Mobile: _____
 Single or Double-Faced: _____
 Size: _____
 Location: _____
- 13. Are there any vending machines incorporated in this proposal? Yes _____ No _____**
 If yes, how many? _____ What type? _____

- 14. Are there any game machines in this proposal? Yes _____ No _____**
 If yes, how many? _____ What type? _____

- 15. Is there any type of music in this proposal? Yes _____ No _____**
 If yes, Juke box: _____ Live: _____
 Days of Week: _____
- 16. Type of refuse disposal: Municipal: _____ Private: _____**
- 17. Is a highway access permit needed from the State, County or Village Highway Departments?**
 Yes _____ No _____
 If yes, have you secured a permit? Yes _____ No _____
- 18. Is there a need for any special type of security fencing?**
 Yes _____ No _____ If yes, what type? _____

- 19. Date of approval by the Department of Natural Resources of the well for the proposed use: _____**

- 20. Date of approval by the Waukesha County Health Department for the existing septic system: _____**

- 21. What type of sanitary facilities are to be installed for the proposed operation? _____**

- 22. Do you feel there will be any problem such as odor, smoke or noise resulting from this operation?**
 Yes _____ No _____ If yes, explain: _____

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

24. Is a liquor license or any other special license to be obtained from the local Village Board or State licensing agencies? Yes _____ No _____ If yes, explain: _____

25. Did Wisconsin State Department of Industry, Labor and Human Relations approve building plans? Yes _____ No _____

26. 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: _____

27. Where are you moving your business from : _____

28. What are your reasons for relocating: _____

29. Have either the operator or the owner encountered any previous difficulties with the law that would impact in any way with this business in the Village of North Prairie? Yes _____ No _____
If yes, explain: _____

30. Any other information/details: _____

A detailed site plan with dimensions of all buildings, parking areas, location of septic and well, sign locations and other pertinent data is to be submitted with all applications.

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct. The undersigned does hereby respectfully make application for and petition the Village Commission to review and approve the Plan of Operations for the purpose stated herein. The undersigned also agrees to abide by all applicable federal, state and local laws, rules, and regulations.

_____/_____/_____
(Signature of applicant) (Print Name) (Date)

This application must be submitted at least 30 days prior to the Plan Commission meeting date

