

Building, Site & Operational Plan Proposal Form

Property Information		Tenant Information		
Property Address		New Business Name		
Property Tax Key #		Type of Business		
Property Owner		Operator Name		
Owner Mailing Address		Operator Mailing Address		
City, State, Zip		City, State, Zip		
Owner Phone		Operator Phone		
Owner Fax		Previous Business Name & Type		
New Business Use/Operation Information				
Description of Business Use or Operation(s)				
Hours of Operation (Weekday)		Hours of Operation (Weekend)		
# Full time Employees	# Part time Employees	Total Area of Space (SQF)	Number of restrooms	Total Number of toilet fixtures
INDOOR Customer Seating? YES NO Seating Capacity :	OUTDOOR Customer Seating? YES NO Seating Capacity :	Drive-through services?	Dumpster location & screening description	
Sprinkler System (y/n)		Hazardous/flammable chemicals used or stored on site (attach MSDS)		

Location of Specified Use(s)

Building/Portion A

Building/Portion B

Building/Portion C

Do you feel there will be any concerns resulting from this operation, such as Odors, Smoke, Noise, Light, Vibrations, etc.? Please specify.

Parking

Dimensions of parking lot

Total number of spaces available for compact, regular, and handicap parking

Parking lot construction (paved, gravel, grass)

Is employee parking included in "total number of spaces available"? If separate, dimensions and total spaces of employee parking

Type of screening (fencing, plantings, etc.)

Signage

Total number of signs

List signs (existing & proposed) to remain on site: (note: attached site plan must show location of all signs)

Sign 1: Size _____ Type _____ Location _____

Sign 2: Size _____ Type _____ Location _____

Sign 3: Size _____ Type _____ Location _____

Types of signs include free standing, lighted, single-faced, attached to building, mobile, double faced, banner, etc.

Please note, building permits must be applied for and issued prior to installation of signage. BSOP approval does not constitute building permit issuance.

Entertainment

Is there any type of music in this proposal? If yes, what kind (live, juke box)? Days and hours when this will be offered to customers?

Outdoor Lighting

List lighting (existing & proposed) to remain on site: (note: attached site plan must show location of all outdoor lights)

Light 1: Type _____ Wattage _____ Location _____ Hours of Operation _____

Light 2: Type _____ Wattage _____ Location _____ Hours of Operation _____

Light 3: Type _____ Wattage _____ Location _____ Hours of Operation _____

Utilities

Will you be connected to village: water sewer

Is there a private well on site? yes no

Date of approval by the Department of Natural Resources of the well for the proposed use

Date of approval by the County Health Department for existing septic system

Types of sanitary facilities to be installed for the proposed operation

Type of refuse disposal: municipal private

Surface water drainage facilities (describe or include on site plan)

Licenses/Permits

Is a highway access permit required from the State, County or local municipality? yes no

Is a liquor license or any other special license required? yes no

If yes, what licenses are you applying for? *Please note: BSOP approval does not constitute approval or issuance of any required licenses.*

Did Wisconsin State Department of Industry, Labor and Human Relations approve building plans?

yes no

Signatures

By signing below, I certify that the above information is a true and accurate account of the information requested for my business site and its operation and use. Should an inspection be required, I agree to allow the Building Inspector(s) reasonable access to the site to verify compliance with the Municipality's Ordinance. In addition, I fully understand that completion of this form, or its approval, does not preclude me from complying with all applicable state statutes or municipal ordinances regarding my business and its lawful operation.

Applicant's Signature

Date

VILLAGE USE ONLY BELOW THIS POINT

Building Department		Zoning Department	
Date Received	Reviewed By	Date Received	Reviewed By
Occupancy Classification	Occupancy Classification Surrounding Units	Property Zoning	Use Permitted <input type="checkbox"/> by right <input type="checkbox"/> by CUP <input type="checkbox"/> by PC approval
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial / Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial / Date
Public Works		Village Engineer	
Date Received	Reviewed By	Date Received	Reviewed By
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial / Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial / Date
Police Department		Fire Department	
Date Received	Reviewed By	Date Received	Reviewed By
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial / Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial / Date