

Village Hall 235 Hickory Street Pewaukee, WI 53072 Village Hall – 262-691-5660 Fax - 262-691-5664	BUSINESS PLAN OF OPERATION APPLICATION VILLAGE OF PEWAUKEE	Permit No. Parcel/Tax Key No.
NAME OF PROPOSED BUSINESS:		SUITE#:
SITE ADDRESS:		
		City State Zip
Business / Operator's Name (Please Print)	Mailing Address City State Zip	Phone#
	Email Address	FEIN #
Tenant's Name: (Please Print)	Mailing Address City State Zip	Phone#
	Email Address	FEIN#
DESCRIPTION OF BUSINESS OPERATION:		
TYPE of BUSINESS: Please Check the appropriate Box for type: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Office <input type="checkbox"/> Institutional <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Other? _____ <input type="checkbox"/> Industrial		Description of Business:
NEW USE? Yes or No? or EXPANSION OF EXISTING USE? Yes or No? or OTHER?		
HOURS of OPERATION: From: to		DAYS of OPERATION:
MAXIMUM NUMBER OF EMPLOYEES:	How many Full Time? How many Part Time?	CURRENT ZONING:
Expected Customers per day:		Number of Trucks per day:
		Number of Autos per day:
PARKING		STORAGE
Available Parking/Parking Lot Spaces # _____ Loading Spaces # _____ Is there Overnight Parking? Yes or No Where? _____		Any Outside Storage? Yes or No Please list type of Storage? _____
SEWAGE DISPOSAL BY:		WATER SUPPLY BY:
Public Sewer _____ Septic/Holding Tank _____ Storm Water Retention/Detention: Yes? or No?		Public Water Main _____ Private Well _____ Other _____
		SOLID WASTE (trash) DISPOSAL BY: Contract: Self: Any flammable substances? Yes or No If Yes, where Stored? _____
Any Special Equipment/Facilities/Requirements? Yes or No What? _____		
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 Village Departments. For example: Cigarette and Alcoholic Beverage Licenses must be obtained from the Village Clerk and Building Permits from the Building Inspector. Also, Occupancy of the premises requires approval of this application.		
For Staff ONLY Submitted for Review on: _____ Date: _____ Approval by Zoning Administrator: _____ Date: _____ Approval by Village Planner: _____ Date: _____		
SPECIAL REQUIREMENTS/COMMENTS: _____		

**VILLAGE OF PEWAUKEE
SANITARY SEWER &
WATER UTILITIES
235 HICKORY STREET
PEWAUKEE, WISCONSIN 53072
PHONE: 262-691-5660
FAX: 262-691-5664**

NOTICE OF INTENT TO DISCHARGE WASTEWATER

(Please print. Mail or fax to the address above.)

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

FORM I - To Be Completed By Commercial / Industrial User

1. Company Name: _____

2. Facility Address: Street _____
City, State, Zip _____

3. Mailing Address: Street _____
(If Different) City, State, Zip _____

4. Company Representative:
Name _____ Title _____
Phone _____ Fax _____
E-Mail _____

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:
- a. _____ Change of occupancy
 - b. _____ Construction of a new facility/new addition
 - c. _____ Proposing to discharge from a facility where there is currently no discharge or adding a new sewer connection
 - d. _____ Significantly altering the volume or characteristics of an existing discharge
 - e. _____ Applying for reissuance of an existing discharge permit
 - f. _____ Per request by municipality - discharge ongoing with no expected changes
 - g. _____ 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>
_____	Gal/Day process wastewater	_____
_____	Gal/Day sanitary wastewater	_____
_____	Gal/Day cooling water	_____

Note: A review of quarterly water usage bills may be helpful in assigning flow values. Total gal/day (for all uses) = qtr usage (in 1000 gallons) x 1000/# operating days in qtr. 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. Describe 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 facility

_____ 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 _____ Date _____