

W240 N3065 Pewaukee Rd Pewaukee, WI 53072 Building Services Office - 262-691-9107 City Hall Main Office – 262-691-0770 Fax - 262-691-6039	<b>BUSINESS PLAN OF OPERATION          APPLICATION          CITY OF PEWAUKEE</b>	Permit No.  Parcel/Tax Key No.
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<b>NAME OF PROPOSED BUSINESS:</b>	<b>SUITE#:</b>
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<b>SITE ADDRESS:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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Business / Operator's Name (Please Print) <b>***IF SOLE PROPRIETOR-PLEASE          SEE page 2 of 4 pages***</b>	Mailing Address	City	State	Zip	Phone#
	Email Address				

Tenant's Name: (Please Print)	Mailing Address	City	State	Zip	Phone#
	Email Address				

**DESCRIPTION OF BUSINESS OPERATION:**

<b>TYPE of BUSINESS: Please Check the appropriate Box for type:</b> <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
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NEW USE?: Yes or No?    or	EXPANSION OF EXISTING USE?: Yes or No?    or	OTHER?
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HOURS of OPERATION: From: _____ to _____	DAYS of OPERATION: _____
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MAXIMUM NUMBER OF EMPLOYEES	How many Full Time?	CURRENT ZONING:
	How many Part Time?	

Expected Customers per day: _____	Number of Trucks per day: _____  Number of Autos per day: _____
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<b>PARKING</b> Available Parking/Parking Lot Spaces # _____ Loading Spaces # _____  Is there Overnight Parking? Yes or No Where? _____	<b>STORAGE</b> Any Outside Storage? Yes or No Please list type of Storage? _____
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<b>SEWAGE DISPOSAL BY:</b> Public Sewer _____ Septic Tank _____ Holding Tank _____ Storm Water Retention/Detention: Yes? or No?	<b>WATER SUPPLY BY:</b> Public Water Main _____ Private Well _____ Other _____	<b>SOLID WASTE (trash) DISPOSAL BY:</b> Contract: Self: Any flammable substances? Yes or No  If Yes, where Stored? _____
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Any Special Equipment/Facilities/Requirements? Yes or No What?	
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APPLICANT'S SIGNATURE _____	APPLICANT'S PRINTED NAME _____	DATE SIGNED _____
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PROPERTY OWNER'S SIGNATURE _____	PROPERTY OWNER'S PRINTED NAME _____	DATE SIGNED _____
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<b>BPO APPLICATION FEE:</b>  <b><u>\$100.00</u></b>	<b>APPROVAL CONDITIONS</b>  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.
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W240 N3065 Pewaukee Rd Pewaukee, WI 53072 Building Services Office - 262-691-9107 City Hall Main Office – 262-691-0770 Fax - 262-691-1798	<b>BUSINESS PLAN OF OPERATION  APPLICATION  CITY OF PEWAUKEE</b>				Permit No.
Business / Operator's Name (Please Print) *** <b>IF SOLE PROPRIETOR-PLEASE  fill in the following information</b> ***	Mailing Address	City	State	Zip	Parcel/Tax Key No.  Phone#
<b>Social Security #</b>					

**CITY OF PEWAUKEE  
SEWER & WATER DIVISION  
W240 N3065 PEWAUKEE ROAD  
PEWAUKEE, WISCONSIN 53072  
PHONE: 262-691-0804  
FAX: 262-691-5729**

**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 Municipal Code Chapter 13.20 found in Title 13 Public Services at: [www.cityofbrookfield.com](http://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 \_\_\_\_\_