

City of Pewaukee
W240N3065 Pewaukee Road
Pewaukee, WI 53072
(262)-691-0770 Fax: (262) 691-1798

***LOOKING TO START A NEW BUSINESS IN THE
CITY OF PEWAUKEE?***

All City businesses are required to file a **Plan of Business Operation** with the City of Pewaukee.

The City of Pewaukee Municipal Code states that for the purpose of promoting compatible development, stability of property values, and to prevent impairment or depreciation of property value, no person shall commence any use, except one and two family dwellings, without first obtaining from the City Planner, City Zoning Administrator and/or Plan Commission, review and approval of a Plan of Business Operation, which will detail the current or proposed commercial, industrial or institutional uses. This form allows the City to maintain an accurate database per Code and assists with Emergency Services.

Please complete the attached Plan of Business Operation form. Each line item needs to be answered as accurately as possible, even if it is "not applicable". The form is to be returned to the Building Department for both Building Inspector and City Planner review and approval. Once the form is approved, a signed copy will be mailed to you.

You may also find the following documents helpful in the startup of your new business:

- A listing of City Hall Departments for any other questions you may have.
- A Plan Commission Review Checklist for getting on the Plan Commission agenda, should your new business require rezoning, conditional use, or building/site plan approval.
- A Professional Services Reimbursement Notice to be completed when submitting any plan, petition, or permit for the Building Department or the Plan Commission.
- A Sign Permit Application, in the event that your new business desires signage. Please contact John Gibbs for questions regarding the sign permit at (262) 691-9107.

Feel free to visit the City's website www.cityofpewaukee.us for additional information.

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.				
NAME OF PROPOSED BUSINESS:		SUITE#:				
SITE ADDRESS:						
City State Zip						
Business / Operator's Name (Please Print) ***IF SOLE PROPRIETOR-PLEASE SEE page 2 of 4 pages***	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:			Description			
<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						
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?		CURRENT ZONING:		
		How many Part Time?				
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:		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?						
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.						
For City Staff ONLY						
Submitted for Review on: _____			Date: _____			
Approval by Zoning Administrator: _____			Date: _____			
Approval by City Planner: _____			Date: _____			
SPECIAL REQUIREMENTS/COMMENTS: _____						

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.
Business / Operator's Name (Please Print) ***IF SOLE PROPRIETOR-PLEASE fill in the following information***	Mailing Address	City	State	Zip	Phone#
	Social Security #				

**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.

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 _____

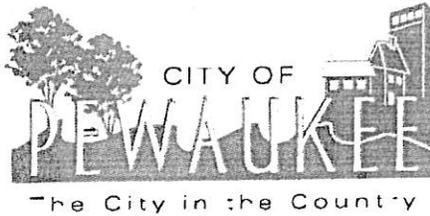
16. How are toxic organic compounds disposed of?
____ Discharge to sanitary sewer
____ Hauled to treatment / recycling facility
____ No waste (used in process or sparingly on rags)
____ Other, specify: _____

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 _____



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- PLAN COMMISSION REVIEW PROCEDURE CHECK LIST AND FORMS -

SO, YOU HAVE A PROJECT, BUILDING, PLAT, CSM OR PROPOSAL THAT YOU NEED THE CITY PLAN COMMISSION AND/OR COMMON COUNCIL TO APPROVE! THE FOLLOWING ARE SOME PROCEDURES OF WHICH YOU NEED TO BE AWARE -----

1. THE CITY PLAN COMMISSION MEETS AT 7 PM ON THE THIRD (3RD) THURSDAY OF THE MONTH IN THE COMMON COUNCIL CHAMBERS [LOWER LEVEL PARKING LOT AT CITY HALL AT W240N3065 PEWAUKEE ROAD (STH 164)].

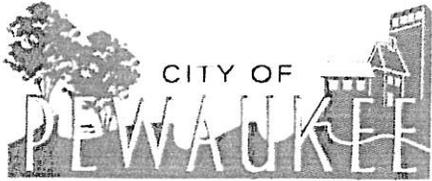
2. IN ORDER TO BE INCLUDED ON THE PLAN COMMISSION MEETING AGENDA FOR ANY REASON YOU WILL NEED TO SEE THE CITY PLANNER AT LEAST 14 CALENDAR DAYS* PRIOR TO THE MEETING AT WHICH YOU WISH TO BE HEARD. **PLEASE CALL FOR AN APPOINTMENT ON A TUESDAY, WEDNESDAY OR THURSDAY (262-691-0770).**

3. **IF YOU NEED TO REZONE LAND, YOU WILL NEED TO OBTAIN ZONING PETITION AND NOTICE FORMS FROM THE DEPUTY CITY CLERK AT THE MAIN DESK IN CITY HALL. YOU MAY ALSO ACCESS THE FORMS ON THE CITY WEBSITE (WWW.CITYOFPEWAUKEE.US). FILL OUT THE FORMS AS DIRECTED AND HAVE THE CURRENT LAND OWNER SIGN THE 'PETITION' FORM. BRING THE FORMS TO THE DEPUTY CITY CLERK (ALONG WITH THE PRESCRIBED INFORMATION AND THE REQUIRED CHECK) AT LEAST 28 CALENDAR DAYS* PRIOR TO THE PLAN COMMISSION MEETING AT WHICH YOU WISH TO BE HEARD*.**
IT SHOULD BE NOTED THAT ANY REZONING OF LAND REQUIRES APPROVED DEVELOPMENT AND BUILDING PLANS FOR THE LAND PROPOSED TO BE REZONED.

4. **IF YOU NEED A CONDITIONAL USE PERMIT, YOU WILL NEED TO OBTAIN CONDITIONAL USE PETITION AND NOTICE FORMS FROM THE DEPUTY CITY CLERK OR FROM THE WEB SITE. FILL OUT THE FORMS AS DIRECTED AND HAVE THE CURRENT PROPERTY OWNER SIGN THE 'PETITION' FORM. BRING THE FORMS TO THE DEPUTY CLERK (ALONG WITH THE PRESCRIBED INFORMATION AND THE REQUIRED CHECK) AT LEAST 28 CALENDAR DAYS PRIOR TO THE PLAN COMMISSION MEETING AT WHICH YOU WISH TO BE HEARD*.**

5. **IF THERE IS SITE DEVELOPMENT OR A BUILDING INVOLVED IN YOUR PROJECT, YOU WILL NEED TO INCLUDE THE FOLLOWING ITEMS IN YOUR PRESENTATION MATERIALS AND BRING TEN 11" x 17" COPIES TO THE CITY HALL AT LEAST TEN CALENDAR DAYS PRIOR TO THE PLAN COMMISSION MEETING*:**

- A. **DETAILED SITE PLAN** - INCLUDING BUILDING(S), PARKING AREAS, LANDSCAPING, LIGHTING, SIGNAGE, STORMWATER FACILITIES AND INGRESS/EGRESS POINTS.
- B. **BUILDING PLANS** - INCLUDING FLOOR PLAN(S) AND ALL FOUR ELEVATIONS, SHOWING EXTERIOR BUILDING MATERIALS AND ALL VISIBLE APPURTENANCES. (SEE SECTION 17.0210 OF THE ZONING ORDINANCE).
- C. **GRADING/DRAINAGE PLAN(S)** - INCLUDING RETENTION/DETENTION OR INFILTRATION PONDS AS SPECIFIED BY THE CITY ENGINEER, AND AN EROSION CONTROL PLAN (SEE CHAPTER 19 OF CITY CODES).



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The City in the County

D. **ANY SEPARATE, DETAIL PLAN(S)** - SUCH AS LANDSCAPING PLAN, SIGNS, LIGHTING OR SITE OR BUILDING CROSS-SECTIONS.

E. **PLAN OF OPERATION** FOR ANY KNOWN USE OF PROPERTY (OBTAIN PLAN OF OPERATION FORMS FROM DEPUTY CLERK AT CITY HALL OR FROM THE WEBSITE).

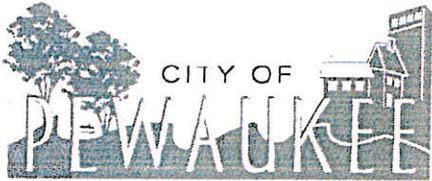
6. **IF THE PROJECT/BUILDING/REZONING REQUIRES A DIVISION OF LAND**, THE LAND OWNER WILL, DEPENDING ON THE SIZE OF THE PROJECT, ALSO NEED TO HAVE A CERTIFIED SURVEY MAP (CSM) OR A PRELIMINARY PLAT PREPARED AND SUBMITTED ALONG WITH THE REZONING PETITION AND WITH ANY BUILDING PLANS * (SEE STEPS 2, 3 & 4). (**PLEASE NOTE THAT A LAND DIVISION ALMOST ALWAYS REQUIRES A REZONING OF THE LANDS IN QUESTION**).

* - *You may want to discuss your project/plans/plat/CSM informally with the Plan Commission (conceptually) prior to incurring final plan/document costs. Please contact the City Planner.*

PLEASE NOTE: If your proposed presentation to the Plan Commission is in electronic form (power point) you may plug your equipment into the City's audio/visual system for visual (and audio) display. If you have presentation boards or drawings we can scan them with our overhead cameras and relay them to our visual display monitors throughout the Council Chambers.

PLEASE TAKE NOTICE: Any costs incurred by the City staff or City engineering or legal consultants regarding project/plans/plats or CSMs must be paid by the applicant or his/her representative upon receipt of a City invoice for such costs.

ALSO PLEASE NOTE: If you have any questions about anything in this or any other document related to the City's planning program, please do not hesitate to contact the City Planner at (262)-691-0770. **The City's website is www.cityofpewaukee.us.**



The City in the Country

City of Pewaukee

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- PROCEDURE FOR OBTAINING A CHANGE IN ZONING CLASSIFICATION -

TO APPLY FOR AND OBTAIN A CHANGE IN ZONING CLASSIFICATION OF A PROPERTY, THE CURRENT PROPERTY OWNER MUST FOLLOW THESE STEPS:

1. **PROPERTY OWNER (OR REPRESENTATIVES) MUST OBTAIN A COPY OF 'PETITION FOR ZONING MAP AMENDMENT' FORMS FROM THE DEPUTY CLERK AT CITY HALL (or from the City's website – www.cityofpewaukee.us). PROPOSED USE OF PROPERTY SHOULD BE DISCUSSED WITH THE CITY PLANNER.**

2. **PROPERTY OWNER MUST COMPLETE BOTH THE 'PETITION' AND 'PUBLIC HEARING NOTICE' FORMS AND PROVIDE THE CITY CLERK WITH AN ORIGINAL AND THREE (3) COPIES OF EACH ALONG WITH A CHECK FOR \$400.00 MADE PAYABLE TO THE CITY OF PEWAUKEE FOR ZONING AMENDMENT ADMINISTRATIVE PURPOSES (THE CURRENT PROPERTY OWNER MUST SIGN THE 'PETITION' FORM).**

PLEASE NOTE THAT ALL THE INFORMATION IN STEP 2 MUST BE SUBMITTED TO THE CITY CLERK AT LEAST 28 CALENDAR DAYS PRIOR TO THE THIRD THURSDAY OF THE FOLLOWING MONTH (Plan Commission meets the third Thursday of each month).

3. **PROPERTY OWNER OBTAINS DATES OF PLAN COMMISSION PUBLIC HEARING AND SUBSEQUENT COMMON COUNCIL MEETING FROM CITY PLANNER OR CITY CLERK.**

4. **CITY CLERK PLACES REQUIRED LEGAL NOTICE IN APPROPRIATE NEWSPAPERS AND MAILS NOTICE TO AFFECTED PROPERTY OWNERS.**

5. **PRIOR TO PLAN COMMISSION HEARING THE PROPERTY OWNER SHOULD MEET WITH AND PROVIDE CITY PLANNER WITH ANY INFORMATION CONSIDERED PERTINENT AND USEFUL TO THE DISCUSSION ON THE ZONING CHANGE* (SET MEETING DATE WITH PLANNER FOR AT LEAST 14 DAYS PRIOR TO THE PUBLIC HEARING).**

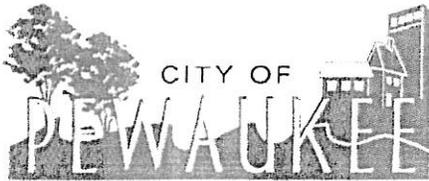
6. **PROPERTY OWNER OR HIS/HER REPRESENTATIVE ATTENDS THE PLAN COMMISSION MEETING PUBLIC HEARING AND PRESENTS THE PURPOSE OF THE PROPOSED ZONING CHANGE PLUS ANY REQUIRED SITE AND BUILDING PLAN, PLAN OF OPERATIONS, PRELIMINARY PLAT OR CSM.**

7. **PLAN COMMISSION REVIEWS PETITION AND FACTS, COMMENTS AND PLANS PRESENTED AT THE PUBLIC HEARING AND MAKES A RECOMMENDATION TO THE COMMON COUNCIL.**

8. **PROPERTY OWNER OR HIS/HER REPRESENTATIVE ATTENDS COMMON COUNCIL MEETING TO PRESENT INFORMATION AND FACTS.**

9. **COMMON COUNCIL TAKES ACTION ON PETITION.**

PLEASE NOTE: THE PETITION FOR A CHANGE IN ZONING CLASSIFICATION USUALLY



The City in the County

City of Pewaukee

W240N3065 Pewaukee Road

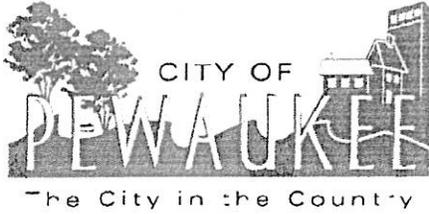
Pewaukee, WI 53072

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REQUIRES SITE DEVELOPMENT PLANS, BUILDING PLANS, PLAN OF OPERATIONS, AND/OR A PRELIMINARY PLAT OR CERTIFIED SURVEY MAP (CSM) AND MAY REQUIRE A CONDITIONAL USE PERMIT. SEE THE CITY PLANNER.

ALSO PLEASE NOTE: THAT ANY COSTS INCURRED BY THE CITY'S ENGINEERING OR LEGAL STAFF WILL BE BILLED DIRECTLY TO THE PROPERTY OWNER OR HIS/HER DESIGNATED REPRESENTATIVE AND IS NOT A PART OF THE \$400.00 MENTIONED IN #2 ABOVE.

IF YOU HAVE ANY QUESTIONS REGARDING THESE PROCEDURES, PLEASE CONTACT THE CITY PLANNER, ZONING ADMINISTRATOR OR CITY CLERK AT (262)-691-0770.



City of Pewaukee
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Pewaukee, WI 53072
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PETITION
FOR A
- ZONING DISTRICT MAP AMENDMENT -

TO THE HONORABLE MAYOR AND COMMON COUNCIL
OF THE CITY OF PEWAUKEE, WAUKESHA COUNTY, WISCONSIN

The undersigned do(es) hereby petition the Common Council of the City of Pewaukee, Waukesha County, Wisconsin to rezone the following property **FROM** _____
_____ zoning district(s) **TO** _____
_____ zoning district(s):

Legal description of property to be rezoned:

- Please attach extra pages, CSM or other information if needed.

Common property description or name: _____.

Tax Key Number(s): _____ **Address:** _____.

This amendment to the zoning map is being proposed in order to
_____.

Property owners name: _____ **Address:** _____.

PETITIONER'S (property owner's) SIGNATURE: _____.

SIGNED AND DATED this _____ day of _____, _____.

Contact Information:

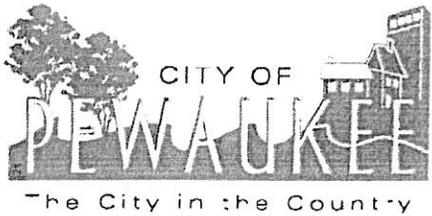
Petitioner or representative phone no. () _____ **Fax no.** () _____.

Email address: _____ **Other:** _____.

City Staff-

RECEIVED at City Hall by: _____ on _____.

Fees paid: \$ _____ **Date:** _____.



City of Pewaukee
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CITY OF PEWAUKEE

STATE OF WISCONSIN

WAUKESHA COUNTY

- NOTICE OF ZONING MAP AMENDMENT PUBLIC HEARING -

PLEASE TAKE NOTICE THAT THERE WILL BE A PUBLIC HEARING ON THE

PETITION OF: (Owners name) _____

TO REZONE FROM: _____ TO: _____

THE FOLLOWING PROPERTY IN THE CITY OF PEWAUKEE:

Legal description of the property to be rezoned*:

_____. Please attach extra pages or plat or CSM if needed.

Common Description or name: _____

Tax Key Number(s): _____ Size: _____

This Amendment to the Zoning Map (Change in zoning) is being proposed for the purpose of: _____

City staff –

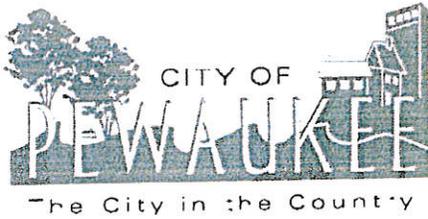
THE PUBLIC HEARING will be held at a meeting of the City Plan Commission in the City Hall Common Council Chambers* on _____ at or after _____ PM.

ACTION BY THE COMMON COUNCIL on the petition is scheduled to be made at a meeting in the Common Council Chambers* on _____ at or after _____ PM.

Dated this _____ day of _____.

Kelly Tarczewski,
Clerk/Treasurer, City of Pewaukee

* Please park in lower (south) parking lot.



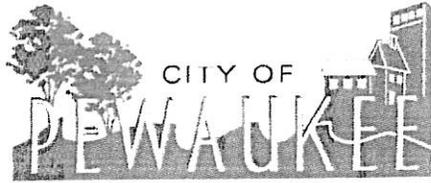
City of Pewaukee
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- PROCEDURE FOR OBTAINING A CONDITIONAL USE PERMIT -

TO APPLY FOR AND OBTAIN A CONDITIONAL USE PERMIT A PROPERTY OR USE OWNER MUST FOLLOW THESE STEPS:

1. **PROPERTY OR USE OWNER (OR REPRESENTATIVES) MUST OBTAIN A COPY OF A 'CONDITIONAL USE PERMIT PETITION' AND 'NOTICE' FORMS FROM THE DEPUTY CLERK AT CITY HALL (or from the City's website - www.cityofpewaukee.us). THE PROPOSED CONDITIONAL USE SHOULD BE DISCUSSED WITH THE CITY PLANNER.**
 2. **PROPERTY OR USE OWNER MUST COMPLETE BOTH THE 'PETITION' and 'PUBLIC HEARING NOTICE' FORMS AND PROVIDE THE CITY CLERK WITH AN ORIGINAL AND THREE (3) COPIES OF EACH ALONG WITH A CHECK FOR \$400.00* MADE PAYABLE TO THE CITY OF PEWAUKEE FOR CONDITIONAL USE PERMIT ADMINISTRATION PURPOSES (THE PROPERTY OR USE OWNER MUST SIGN THE 'PETITION' FORM).**
- PLEASE NOTE THAT ALL THE INFORMATION IN STEP 2 MUST BE SUBMITTED TO THE CITY CLERK AT LEAST 28 CALENDAR DAYS PRIOR TO THE THIRD THURSDAY OF THE FOLLOWING MONTH (Plan Commission meets the third Thursday of each month).**
3. **PROPERTY OR USE OWNER OBTAINS DATES OF PLAN COMMISSION PUBLIC HEARING AND SUBSEQUENT COMMON COUNCIL MEETING FROM CITY PLANNER OR CITY CLERK.**
 4. **CITY CLERK PLACES REQUIRED LEGAL NOTICE IN APPROPRIATE NEWSPAPERS AND MAILS NOTICES TO AFFECTED PROPERTY OWNERS.**
 5. **PRIOR TO PLAN COMMISSION HEARING, THE PROPERTY OR USE OWNER SHOULD MEET WITH AND PROVIDE CITY PLANNER WITH ANY INFORMATION CONSIDERED PERTINENT AND USEFUL TO THE DISCUSSION ON THE CONDITIONAL USE PERMIT* (SET MEETING DATE WITH PLANNER FOR AT LEAST 14 DAYS PRIOR TO THE PUBLIC HEARING).**
 6. **PROPERTY OR USE OWNER OR HIS/HER REPRESENTATIVE ATTENDS THE PLAN COMMISSION MEETING PUBLIC HEARING AND PRESENTS HIS/HER PROPOSED CONDITIONAL USE PLUS ANY REQUIRED SITE AND BUILDING PLAN, PLAN OF OPERATIONS, PRELIMINARY PLAT OR CSM).**
 7. **PLAN COMMISSION REVIEWS PETITION, COMMENTS AND FACTS PRESENTED AT THE PUBLIC HEARING AND MAKES A RECOMMENDATION TO THE COMMON COUNCIL.**
 8. **PROPERTY OR USE OWNER OR HIS/HER REPRESENTATIVE ATTENDS COMMON COUNCIL MEETING TO PRESENT INFORMATION AND FACTS.**
 9. **COMMON COUNCIL TAKES ACTION AND, IF PERMIT IS APPROVED, DIRECTS STAFF TO ENSURE PROPER RECORDING OF THE CONDITIONAL USE AS A PROPERTY COVENANT.**

PLEASE NOTE: THE PETITION FOR A CONDITIONAL USE PERMIT USUALLY REQUIRES A



City of Pewaukee

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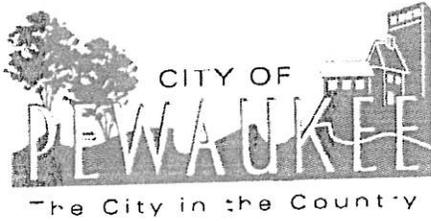
Pewaukee, WI 53072

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PLAN OF OPERATION ON CITY FORMS AS WELL AS ANY PLANS THAT WILL CHANGE THE BUILDING EXTERIOR OR SITE.

ALSO PLEASE NOTE: THAT ANY COSTS INCURRED BY THE CITY'S ENGINEERING OR LEGAL STAFF WILL BE BILLED TO THE PROPERTY OR USE OWNER OR HIS/HER DESIGNATED REPRESENTATIVE AND IS NOT A PART OF THE \$400.00 FEE.

IF YOU HAVE QUESTIONS REGARDING THESE PROCEDURES, PLEASE CONTACT THE CITY PLANNER, ZONING ADMINISTRATOR OR CITY CLERK AT (262)-691-0770.



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PETITION FOR A

- CONDITIONAL USE PERMIT -

TO THE HONORABLE MAYOR AND COMMON COUNCIL
OF THE CITY OF PEWAUKEE, WAUKESHA COUNTY, WISCONSIN:

The undersigned do(es) hereby petition the Common Council of the City of Pewaukee,
Waukesha County, Wisconsin for a **Conditional Use Permit** for the purpose
of: _____

Legal description of property on which the conditional use is to be located:

Please attach extra pages or other information if needed.

Common property description or name: _____

Tax key number: _____ **Address:** _____

Property owners name/address: _____ **Property currently zoned:** _____

Signature of person(s) petitioning for permit: _____

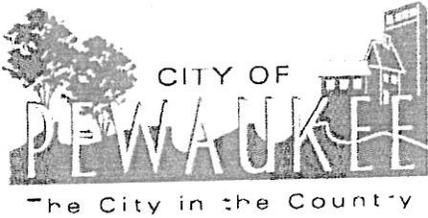
Address of person(s) petitioning for permit (if not property owner): _____

SIGNED AND DATED this _____ day of _____, _____

City staff -

RECEIVED at the City Hall by: _____ on _____

Fees paid: \$ _____ Date: _____



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CITY OF PEWAUKEE

WAUKESHA COUNTY

STATE OF WISCONSIN

- NOTICE OF A CONDITIONAL USE PUBLIC HEARING -

PLEASE TAKE NOTICE THAT THERE WILL BE A PUBLIC HEARING ON THE PETITION OF
(Name) _____ FOR A **CONDITIONAL USE PERMIT** ON THE
FOLLOWING PROPERTY IN THE CITY OF PEWAUKEE:

Legal description of property: _____

_____. Please attach extra pages, CSM or other information if needed.

Common Description or name: _____

Tax Key Number(s): _____ Current zoning: _____

This conditional use permit is requested in order to _____

City staff –

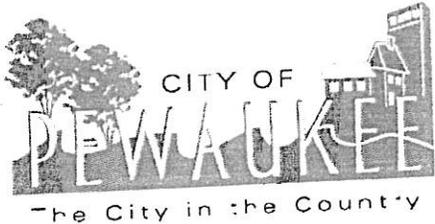
THE PUBLIC HEARING will be held at a meeting of the City Plan Commission in the City Hall Common Council Chambers* on _____ at or after _____ **PM.**

ACTION BY THE COMMON COUNCIL on the petition is scheduled to be made at a meeting in the Common Council Chambers* on _____ at or after _____ **PM.**

Dated this _____ day of _____, _____.

Kelly Tarczewski, Clerk/Treasurer

* Please park in lower (south) parking lot.



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CITY OF PEWAUKEE

Professional Services Reimbursement Notice

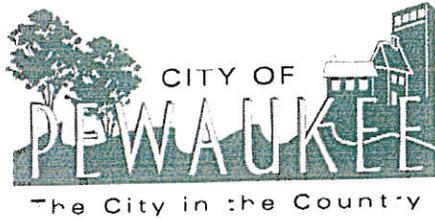
PROJECT / DEVELOPMENT NAME: _____	
DEVELOPER: _____	CONTACT PERSON: _____
PHONE NUMBER: _____	E-MAIL ADDRESS: _____
PROJECT LOCATION / ADDRESS: _____	
TAX KEY: _____	OWNER NAME: _____

Pursuant to the City of Pewaukee Municipal Code, the City of Pewaukee Common Council has determined that whenever the services of the City Attorney, City Engineer, City Planner or any other of the City's professional staff, internal or contracted, results in a charge to the City for that professional's time and services and such services is not a service supplied to the City as a whole, the City Clerk/Treasurer shall charge that service for the fees incurred by the city. Also, be advised that pursuant to the City of Pewaukee Municipal Code, certain other fees, costs and charges are the responsibility of the property owner or responsible party.

I, the undersigned, have been advised that pursuant to the City of Pewaukee Municipal Code, I shall be responsible for the fees incurred by the City if the City Attorney, City Engineer, City Planner or any other City's professional staff, internal or contracted, that provides services to the City because of my activities at my request or at the request of the City. In addition, I have between advised that pursuant to the City of Pewaukee Municipal Code, certain other fees, costs, and charges are my responsibility.

RESPONSIBLE PARTY FOR BILLS INCURRED:

Printed Name	Signature	Date
Billing Address	City	State
() Phone Number	() Fax Number	E-Mail



City of Pewaukee
 W240N3065 Pewaukee Road
 Pewaukee, WI 53072
 (262)-691-0770 Fax: (262) 691-1798

CITY OF PEWAUKEE DEPARTMENT CONTACTS & PHONE NUMBERS/EMAIL:

DEPARTMENT	CONTACT	PHONE NUMBER
Building Inspection	John Gibbs, Commercial, Residential & Zoning Inspector	262-691-9107 gibbs@pewaukee.wi.us
Clerk/Treasurer	Kelly Tarczewski, City Clerk/Treasurer	262-691-0770 tarczewski@pewaukee.wi.us
Fire Inspection	Kevin Bierce, Fire Chief	262-691-5607 kbierce@pewaukee.wi.us
Planning	Harlan Clinkenbeard, City Planner	262-691-0770 clink@pewaukee.wi.us
Public Works	Jeff Weigel, City Engineer	262-691-0804 publicworks@pewaukee.wi.us

W240 N3065 Pewaukee Road Phone - 262-691-9107 Fax - 262-691-6039	SIGN PERMIT APPLICATION City of Pewaukee	PERMIT # _____ Parcel # _____
Sign Location Address: _____		Suite No. _____
Owner's Name: _____	Mailing Address _____ Email Address _____	Tel. _____ Cell# _____
Tenant's Name: _____	Mailing Address _____ Email Address _____	Tel. _____ Cell# _____
Sign Company Name: _____	Mailing Address _____ Email Address _____	Tel. _____ Cell# _____
SIGN SQUARE FOOTAGE _____	SIGN HEIGHT (above grade) _____	DATE SIGN TO BE ERECTED _____
ESTIMATED COST _____		
TYPE OF SIGN		
<input type="checkbox"/> Ground Sign <input type="checkbox"/> Roof Sign <input type="checkbox"/> Temporary Sign <input type="checkbox"/> Marquee <input type="checkbox"/> Wall Sign <input type="checkbox"/> Street Clock <input type="checkbox"/> Projecting Sign <input type="checkbox"/> Awning or Canopy <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated		
DISTANCE TO LOT LINES _____ FRONT _____ RIGHT _____ LEFT _____ REAR If repairs or replacement contemplated, is sign, etc., non-conforming? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Conditions of Approval: _____ _____		
NAME OF SURETY BOND OR INSURANCE COMPANY ON CERTIFICATE OF ISSUANCE (attach bond or certificate with hold harmless clause to the City on this application)		
Submit The Following		
SITE SURVEY (must detail location and setbacks to lot lines) & COLOR RENDERING REQUIRED WITH APPLICATION		
APPLICANT SIGNATURE _____	DATE: _____	
APPLICANT PRINT NAME _____		
Application is hereby made for a permit to erect / alter a sign as described herein or shown in accompanying plans or specifications where sign is to be located as shown on the accompanying plan. The information which follows and the accompanying plan and specifications with the representations contained therein are made part of this application in reliance upon which the building inspector is requested to issue a building permit.		
It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this application such as would operate to cause a refusal of this application or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance without the written approval of the building inspector shall constitute sufficient grounds for the revocation of such permit.		
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.		
OFFICE USE ONLY		
PERMIT FEES:	TEMPORARY SIGN EXPIRATION DATE:	PERMIT APPROVED BY:
Area X \$2.00/sq ft = \$ _____ + BASE \$50.00 TOTAL FEE = \$ _____ (Max \$500.00 unless Double Fee Applied)	Expiration Date _____ FAILURE TO OBTAIN PERMIT, FEES DOUBLE Double Fee Total \$ _____	Staff: _____ Date: _____ Tel: _____ Cert No. _____

Due Date
Mar 1, 2013

Prepared Statement of Personal Property
Subject to Assessment January 1, 2013

2013

Who must file: Every person, firm or corporation as defined in section 70.35 WI Statutes receiving from the assessor a return of personal property, must submit such return to the assessor on or before March 1. This return is confidential and is not available for public inspection.

Failure to file: If you fail to file, the assessor must estimate the value of your property using the best information available. In addition, you shall be denied any right of abatement by the board of review, under Section 70.35(4) WI Statutes.

Property owner (or in his/her charge as agent, consignee, or other representative capacity):

Badger Retail - Example
Attn: Bucky Badger
123 N Main St
Pewaukee, WI 53072

- Sole proprietorship
- Partnership
- Corporation
- LLC
- LLP

FEIN: _____
Account # 2014-2 SAMPLE
Property addr: 123 N Main St
Municipality: City of Pewaukee
County: Waukesha

Business activity: Retail

Status Change	<input type="checkbox"/> Business moved out of municipality (indicate new address on right)	New Owner	Name: _____
	<input type="checkbox"/> Business sold (indicate new owner & address to the right)		Address: _____
	<input type="checkbox"/> Business discontinued		City, ST, Zip: _____
	Date business status changed: _____		Phone: _____

Schedule A
Summary of Personal Property as of January 1, 2013

Schedule A is the summary of all taxable personal property from Schedules B through H. The total of the column titled 'Assessable Property' is your declaration of personal property subject to tax within this municipality. Do not write "SALY" for "Same as Last Year"; forms must be filled out completely. Note that Schedule D-1 (exempt computers, software, cash registers and single function fax machines) is excluded from the total assessable.

Property Description	Non-assessable Property	Assessable Property
Boats and other watercraft (Schedule B)		\$
Machinery, tools and patterns (Schedule C)		\$
Furniture, fixtures and office equipment (Schedule D)		\$
Exempt computers, software, single function faxes & cash registers (Schedule D-1)	\$	
Multifunction faxes, copiers, postage meters, phone systems, etc (Schedule D-2)		\$
Improvements on leased land (Schedule E)		\$
Supplies (Schedule G)		\$
Other personal property (Schedule H)		\$
Total assessable (may not include all buildings on leased land if assessor has not determined value)		\$

I hereby declare all information given is true and correct for all the personal property for which I am subject to assessment and which was owned by me or held in my possession on January 1, 2013.

Owner's name (please print)	Preparer's name (if other than owner) (please print)
Owner's mailing address (if different than above)	Preparer's mailing address
Owner's signature _____ Date signed _____	Preparer's signature _____ Date signed _____
Owner's phone number _____ Owner's fax number _____	Preparer's phone number _____ Preparer's fax number _____
Owner's email address _____	Preparer's email address _____

Return to: Associated Appraisal Consultants, Inc. 1314 W College Ave PO Box 265 Appleton, WI 54912-0265	If you have any questions about this form, please contact: Personal Property Department (800)721-4157
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