

Village Hall,262.567.2757 Fax, 262.567.4115 Highway Dept.262.567.2422 Police Dept.262.567.1134 Building Inspector,262.490.4141

Summit Village Hall 37100 Delafield Rd • Summit, WI 53066

Date Filed:		
Consult Village of summit F	FEE Schedule for ap	oplicable fees:
	_	rations Review
Based on		ion Packet ne Code of the Village of Summit
Please read and complete this ap	pplication carefully.	All applications must be signed and dated.
1. APPLICANT OR AGEN		2. PROPERTY OWNER
Phone # ()		Phone # ( )
E Mail		E Mail
3. Expanded Business Ope	erations	New Business Operation
Business Name		
Business Owner		
Business Address		
4. Legal Description of Pro		on Tax Bill):
5. Tax Key Number: SUM	1T	
6. Identify the type of use i	immediately adjacer	nt to this property boundary
North	Sou	th
East	Wes	st

7. What is the Property Zoning Classification? \_\_\_\_\_

	List Dimensions and Level of ALL Buildings (coordinate with site plan information)  Outside Dimensions  Number of Floors (levels)		
	Outside Difficusions	Number of Floors (levels)	
	Building "A":		
	Building "B":		
	Building "C":		
	Total Floor Area is square feet.		
9.	Identify the Proposed Use of EACH Building and re	emaining outdoor area.	
	Building "A":		
	Building "B":		
	Building "C":		
	Outdoor Uses:		
10.	How many employees will be working in this opera	ation?	
11.	What hours of the day will the business operate?		
12.	What days of the week will the business operate? _		
	ocate each sign on the site plan and submit the drawing lors, number of faces and overall height (if free-stand		
	Number of Free-standing or Pole-mounted signs	s:	
	Number of Wall-mounted signs:		
14.	Please locate all proposed parking on the site plan.		
	Number of Parking Spaces on property?		
	Will the parking lot be paved? Yes No		
	If not currently paved, when will the paving be	completed?	
15.	Will there be any unusual odors, smoke or noise genexist on the site at the present time? Yes N	• • •	

16. Will a special license be required from the Village, County or State in order to operate this business? Yes No If yes, please describe below.						
17. Has the State or County acted on your project to date, either with building plan reviews, site plan reviews, Conditional Use activities, or other design reviews? Yes No If yes, please describe below.						
18. SIGNATURES - OWNER	ALL APPLICATION	S MUST BE SIGNED B	Y THE PROPERTY			
Applicant	date	Property Owner	date			
Use this sp	ace to further describe t	the proposal, or detail poin	nts from above.			

## PLAN OF OPERATIONS REVIEW CHECKLIST

Based on Chapter 235-56 of the Code of the Village of Summit

This checklist provides a summary of requirements found in the Village of Summit Zoning Code. It is intended purely as a guide for developers and should not substitute for a full review of the Code and applicable regulations.

GEIN	ERAL INFORIVIATION	PRUI	POSED SITE INFORIVIATION
	Names and addresses of owner and developer Telephone, fax, email contact information Graphic scale and north arrow Location sketch Size of site (overall and net acreage) Existing zoning Adjacent zoning and land uses (on application)		Proposed grades at two foot (2') intervals Proposed utilities, public and private Proposed building location (dimensions) Setback required by code Proposed building elevation (finished grade) Location and size of proposed signage Proposed driveway entrances, with dimension to
CLIDI	DENIT CITE INICODA ANTIONI		center of nearest intersection
CURI	RENT SITE INFORMATION		Proposed streets
	Dimensions of site and lot lines, corner stakes Existing grades at two foot (2') intervals Drainage system and piping -wooded areas, trees -streams -lakes, ponds (water elevation) -wetland boundaries Floodplain elevation and boundaries Existing roads, pavement Existing structures Existing (known) easements Existing utilities (public and private) Benchmark locations and elevations Right-of-way boundary		Proposed sidewalks Proposed parking areas -striping and proposed elevations -setbacks to property lines Stormwater management plan -stormwater management design report -general proposed drainage pattern -swales with directional arrows for flow -storm sewers and/or ponds -proposed culverts (location and size) Lot coverage -Total lot square foot -Proposed building square foot -Proposed pavement square foot
LIGH	TING PLANS		Architectural randoning all sides
	Location and nature of existing fixtures		Architectural rendering, all sides  Detailed floor plan
	Location of proposed fixtures		Type of construction
	Photometric report (to scale, on plan)		Construction commencement and completion dates
	Manufacturer's cut-sheet of all fixtures		Fencing or buffering
	Number/Type of fixtures		Landscaping and planting plans
	Output in wattage for each fixture		Fire Protection/Sprinkler plans



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## PROFESSIONAL SERVICES REIMBURSEMENT NOTICE

Please read and sign the following Notice:

Pursuant to the Code of the Village of Summit Section 14-19, the Summit Village Board has made a determination that whenever the services of the Village Planner, Village Engineer, Village Attorney, or any other Village professional staff results in a charge to the Village for that professional's time and services, and such service is not a service supplied to the Village as a whole, the Village Clerk shall charge that service for the fees incurred by the Village to the property owner incurring those fees (without regard to the outcome of the request). Also, pursuant to the Code of the Village of Summit Section 14-19, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved.

I/we, the undersigned, have been advised that, pursuant to the Village of Summit, if the Village Planner, Village Engineer, Village Attorney or any other Village professional provides services to the Village because of my/our activities, whether at my/our request or at the request of the Village, I/we shall be responsible for the fees incurred by the Village (even if my/our request is not approved). In addition, I/we have been advised that pursuant to the Village of Summit, certain other fees, costs, and charges are my/our responsibility, even if my/our request is not approved.

The undersigned will receive the first billing once charges are incurred and monthly thereafter so the undersigned remains up to date regarding any current charges.

Village Official that accepted the form:

Owner or Applicant	Date	10/2018
Owner or Applicant	Date	
Signature of the Property Owner(s) and/or Applicant	(s) and Current Date:	
Tax Key Number of the Property that is the subject o	f the Request: SUMT	
Property Address	e-mail addre	ess
Owner's Name		
Information for the Property that is the subject of th	e-mail addre	ess
Mailing Address		
Name	Phone Numb	ber
Information for the Owner and/or Party responsible	for the Invoices:	

Date