

Town of West Bend - Washington County, Wisconsin

APPLICATION for SITE PLAN REVIEW

(R-1S/MU, SRO, B-1, B-2, SMCO, M-1, SMO Districts)

Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: (if different than Property Owner) _____

Is this a new site plan or an amendment to existing site plan? New: _____ Amendment: _____

A. Tax Key # _____ Current Zoning: _____

B. Tax Key # _____ Current Zoning: _____

C. Tax Key # _____ Current Zoning: _____

D. Tax Key # _____ Current Zoning: _____

(if additional parcels, please attach as separate sheet)

Zoning of adjoining properties:

A. Tax Key # _____ Current Zoning: _____

B. Tax Key # _____ Current Zoning: _____

C. Tax Key # _____ Current Zoning: _____

D. Tax Key # _____ Current Zoning: _____

E. Tax Key # _____ Current Zoning: _____

(if additional properties, please attach as separate sheet)

Plan of Operation:

Name of business: _____

Address: _____ Years in operation: _____

Business type:

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Retail Commercial Office Manufacturing Other

Description of business operation: _____

Specific use of each building (building shall be identified on site plan as described below; principal structures shall be listed before accessory structures):

Building A: _____

Building B: _____

Building C: _____

Building D: _____

(if additional buildings, please attach as separate sheet)

Current number of employees: Full-time: _____ Part-time: _____ Seasonal _____

Days of operation (check all that apply): Mon-Fri: _____ Sat: _____ Sun: _____

Hours of operation: Open: ____:____ Close: ____:____ 24 hr. _____

Production materials waste management (describe): _____

Description and location of hazardous/flammable materials stored on site: _____

Method of building/grounds maintenance: _____

Method of property security: _____

Exterior:

Outside storage: Yes _____ No _____

What will be stored and where: _____

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Dumpsters (location and screening shown on site plan)

Screening plan (shown on site plan or attached as addendum)

Lighting plan (attached as addendum)

Signage plan (attached as addendum)

Landscaping plan (shown on site plan or attached as addendum)

Erosion control / stormwater management plan (shown on site plan or attached as addendum)

Parking / Loading:

Total area all parking: _____ acres _____ square feet

Parking lot construction: Paved: _____ Gravel: _____ Grass: _____ Other: _____

Expected number trucks per day: _____ Expected number autos per day: _____

Overnight parking: Number trucks: _____ Number autos: _____ Equipment: _____

Number off-street parking spaces: Employee: _____ Visitor: _____

Off-street parking spaces (attach plan): _____

Off-street loading spaces (attach plan): _____

Is access permit required? Yes _____ No _____

If yes, has permit been secured? Yes _____ No _____

Parking and loading plan (shown on site plan or attached as addendum)

Other:

Will any type of music be part of this proposal? Yes _____ No _____

If yes (check all that apply): Pre-recorded: _____ Live: _____

Indoor: _____ Outdoor: _____

Monday through Thursday Proposed start time: ____:____

Proposed end time: ____:____

Friday and Saturday Proposed start time: ____:____

Proposed end time: ____:____

Sunday Proposed start time: ____:____

Proposed end time: ____:____

Will a liquor license or any other special license be required? Yes _____ No _____

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If yes, explain the nature and use of the license: _____

Living Quarters (if applicable):

Number of current owner-occupied units:

Single-family dwelling

Mixed-use (description of uses): _____

Other (describe): _____

Total number occupants: _____

Number of proposed owner-occupied units:

Single-family dwelling

Mixed-use (description of uses): _____

Other (describe): _____

Total number occupants: _____

Number of current renter-occupied units (non-senior):

Single-family dwelling

Mixed-use (description of uses): _____

Other (describe): _____

Total number occupants: _____

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Number of proposed renter-occupied units (non-senior):

Single-family dwelling

Mixed-use (description of uses): _____

Other (describe): _____

Total number occupants: _____

Number of current senior living units:

Single-family dwelling Apartment Assisted Living

Continuing Care Retirement Skilled Nursing

Other (describe): _____

Total number occupants: _____

Number of proposed senior living units:

Single-family dwelling Apartment Assisted Living

Continuing Care Retirement Skilled Nursing

Other (describe): _____

Total number occupants: _____

Additional information to be considered during site plan review: _____

(please attach as separate sheet if additional space is required)

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Application Checklist (for all districts):

(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Site Plan Review until all of the information below, as required under Chapter 17.10.03.D of the Zoning Ordinance, is submitted as an attachment to this Application. Please confirm inclusion of the required information by checking each item below).

- Confirmation that the submitted site plan conforms with the requirements of Chapter 17.10.02 of the Zoning Ordinance.
- Site plan drawn to a recognized engineering scale, scale of drawing, north arrow, and site size information (area in square feet or acres).
- Name of project.
- Existing and proposed topography shown at contour intervals of two feet or less. Topography shall extend 40 feet onto adjacent property or to the building on the adjacent lot, whichever is greater.
- The characteristics of soils related to contemplated specific uses.
- All building and yard setback lines.
- Where applicable, both the 100 year recurrence interval floodplain and the floodway; environmental corridors and isolated natural resource areas; and wetland areas.
- The type, size, height, location, and use of all existing and proposed structures with all building dimensions shown.
- Existing and proposed street names, rights-of-way, and easements.
- Proposed stormwater management facilities, including detention/retention areas.
- Proposed location and type of all signs to be placed on the site.
- The location and type of all outdoor lighting.
- Existing isolated, individual trees and the boundary of woodlands.
- Landscape plan with the location, extent, and type of proposed plantings.
- Location of pedestrian sidewalks and walkways, and bicycle lanes or paths.
- A graphic outline of any development staging.
- Scaled architectural plans, color building elevations, and color perspective drawings and color sketches illustrating the design and character of proposed structures and relevant surrounding structures and properties within 300 feet.

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- Detailed description of all exterior building materials and colors.
- The location and description of all existing and proposed personal energy systems.
- Additional Information as may be required by the Plan Commission, Zoning Secretary, or Zoning Administrator.

Application Checklist (for supplemental land use overly districts):

(Please confirm compliance with the Performance Standards requirements of Chapter 17.4.12 of the Zoning Ordinance by checking each item below)

<input type="checkbox"/> Screening plan	<input type="checkbox"/> Vibration plan	<input type="checkbox"/> Heat plan
<input type="checkbox"/> Lighting plan	<input type="checkbox"/> Glare plan	<input type="checkbox"/> Parking plan
<input type="checkbox"/> Noise plan		

Substantive Changes

Any substantive change to the use of this parcel or the structures on it shall require an amendment to the site plan.

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Application Fee:

(\$1000.00)

Check Number: _____

Amount: _____

Applicant Signature: _____ Date: _____

Town Clerk Signature: _____ Date: _____

Professional Services Fee:

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: _____ Date: _____