

**Town of Port Washington**  
Town Hall, 3715 Highland Drive, Port Washington, WI 53074  
Town Clerk: 262- 284-5235 clerk@townofportwashingtonwi.gov  
[townofportwashingtonwi.gov](http://townofportwashingtonwi.gov)

**FORM 10: TEMPORARY USE IN THE KNELLSVILLE  
DISTRICT - §340-11D.**  
**(Must conform to the allowed uses within §340-28, M-1 Industrial District)**  
To be submitted with the Standard Application Form

**SUPPLEMENTAL REQUIREMENTS**

Please carefully read the General Instructions of Form 1 for the submitted information and process. In addition to Form 1, **the following must be submitted for a conditional use permit:**

1. This Form 10 with the required information (#2 through 6 below) and completed checklist (page 2).
2. Proper fees as described on Form 1.
3. Written Plan of Operations, including a description of the nature of the business, hours of operation, anticipated number of employees, anticipated amount of customer visits, the amount and location of the on-site parking spaces available to the business, the type of equipment used in the business, any building alterations, such as exterior painting and any additional information to explain the business to the Plan Commission.
4. A list of all property owners and addresses within 500 feet of the proposal.
5. An extended action form may be needed to allow for a positive action on the plat (please discuss with Town Clerk or Town Planner if needed).
6. Any deed restrictions (10 copies and/or electronic).

Submitted materials must be consistent with the Town of Port Washington Zoning and Subdivision Ordinance, particularly Section 340-11D, and all other pertinent sections of Town Ordinances, State Statutes, Ozaukee County shoreland rules, the Town Land Use Plan, and proper planning and land division practices. The Town shall not place any items on the Plan Commission agenda for first or second consideration until it has been verified that the application is complete in accordance with all requirements of Town ordinances and those specified in this and other application forms. In the case of a Temporary Use Permit, the submitted date, for the purposes of Zoning Ordinance Section 340-144, is the date that the entire application packet is completed (as dated by a Town official on page 2).

The complete application packet, including the entire required number of copies, must be submitted at least 14 days prior to the Plan Commission meeting, at which the item will be heard. Resubmittal of revised plans may constitute a new submittal for timeframe purposes.

I understand the Town policies as stated herein.

|             |                                  |
|-------------|----------------------------------|
| <b>Date</b> | <b>Signature of Applicant(s)</b> |
|             |                                  |

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**Architect – if applicable**

|                             |                   |              |            |
|-----------------------------|-------------------|--------------|------------|
| <b>Name</b>                 |                   |              |            |
| <b>Company</b>              |                   |              |            |
| <b>Address</b>              | <b>City</b>       | <b>State</b> | <b>Zip</b> |
| <b>Daytime Phone (    )</b> | <b>Fax (    )</b> |              |            |
| <b>Cell</b>                 | <b>Email</b>      |              |            |

**Professional Engineer – if applicable**

|                             |                   |              |            |
|-----------------------------|-------------------|--------------|------------|
| <b>Name</b>                 |                   |              |            |
| <b>Company</b>              |                   |              |            |
| <b>Address</b>              | <b>City</b>       | <b>State</b> | <b>Zip</b> |
| <b>Daytime Phone (    )</b> | <b>Fax (    )</b> |              |            |
| <b>Cell</b>                 | <b>Email</b>      |              |            |

**Registered Surveyor – if applicable**

|                             |                   |              |            |
|-----------------------------|-------------------|--------------|------------|
| <b>Name</b>                 |                   |              |            |
| <b>Company</b>              |                   |              |            |
| <b>Address</b>              | <b>City</b>       | <b>State</b> | <b>Zip</b> |
| <b>Daytime Phone (    )</b> | <b>Fax (    )</b> |              |            |
| <b>Cell</b>                 | <b>Email</b>      |              |            |

**Contractor – if applicable**

|                             |                   |              |            |
|-----------------------------|-------------------|--------------|------------|
| <b>Name</b>                 |                   |              |            |
| <b>Company</b>              |                   |              |            |
| <b>Address</b>              | <b>City</b>       | <b>State</b> | <b>Zip</b> |
| <b>Daytime Phone (    )</b> | <b>Fax (    )</b> |              |            |
| <b>Cell</b>                 | <b>Email</b>      |              |            |