

# City of Elkhorn – Plan of Operations

**Building & Zoning**

9 S Broad Street, Elkhorn WI 53121 Phone 262-741-5124 Fax 262-741-5135

Property Information		Tenant Information	
Property Tax Key #		Previous Business Name	
Property Address		Years in Operation	
Property Owner		New Business Name	
Owner Mailing Address		Name of Operator	
City State Zip		Operator Mailing Address	
Owner Phone #		City State Zip	
Owner Fax #		Operator Phone #	
New Business Use/Operation Information			
Description of Business Use or Operations			
Previous use of space		Hours of Operation (Weekday)	Hours of Operation (Weekend)
Total Area of Space (SQF)	# Toilet Fixtures	# Full Time Employees	# Part Time Employees
Customer Seating Yes <input type="checkbox"/> No <input type="checkbox"/>	Seating Capacity	Total Employee Hours Per Year (include yourself if self-employed)	
Sprinkler System Yes <input type="checkbox"/> No <input type="checkbox"/>		Hazardous/Flammable Chemicals used/stored Yes <input type="checkbox"/> (must attach MSDS) No <input type="checkbox"/>	
Specified Use of Property and Building			
Building A			
Building B			
Building C			
Will be any problems resulting from this operation such as <input type="checkbox"/> Odors <input type="checkbox"/> Smoke <input type="checkbox"/> Noise <input type="checkbox"/> Light <input type="checkbox"/> Vibrations			
Parking			
Dimensions of parking lot		Number of spaces available	
Parking lot construction <input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Grass		Type of screening <input type="checkbox"/> Fencing <input type="checkbox"/> Plantings	
Is employee parking included in “number of spaces available”? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signage			
Type <input type="checkbox"/> Free Standing <input type="checkbox"/> Lighted <input type="checkbox"/> Single-Faced <input type="checkbox"/> Attached to Building <input type="checkbox"/> Mobile <input type="checkbox"/> Double-Faced			
Size: _____ Location: _____			
Entertainment			
Is there any type of music in this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what kind?			
<input type="checkbox"/> Juke Box	When will this be offered to customers	M T W Th F Sa Su	What time(s) will this be offered
<input type="checkbox"/> Live	When will this be offered to customers	M T W Th F Sa Su	What time(s) will this be offered

**Outdoor Lighting**

Type

Location

**Utilities**

Will you be connected to City       Water       Sewer       Electric

Is there a private well on-site?       Yes       No

Approval date by the Department of Natural Resources of the well for proposed use      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Approval date by the County Health Department for existing septic system      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What types of sanitary facilities are to be installed for the proposed operation

Type of refuse disposal       Municipal       Private

Surface water drainage facilities (describe or include site plan)

**Licenses / Permits**

Is a highway access permit needed from the State, County, or local Municipality?       Yes       No

Is a liquor license or any other special license required       Yes       No      If yes, what licenses are you applying for?

Did Wisconsin State Department of Industry Labor and Human Relations approve building plans?       Yes       No

## Permitted Property Uses

*Please check **all** that apply*

<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Multi-Family Dwelling	<input type="checkbox"/> Shopping Center
<input type="checkbox"/> Modular home	<input type="checkbox"/> Veterinary Clinic
<input type="checkbox"/> Manufactured home	<input type="checkbox"/> Kennel
<input type="checkbox"/> Multi-Family housing for the elderly	<input type="checkbox"/> Hotel
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Motel
<input type="checkbox"/> Community living arrangement	<input type="checkbox"/> Health Clinic/Office
<input type="checkbox"/> Family daycare for 8 or less children	<input type="checkbox"/> Office and professional services
<input type="checkbox"/> Dwelling units above a business on a non-ground level	<input type="checkbox"/> Construction services
<input type="checkbox"/> Foster family home	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Day care center, adult day care center and similar care services	<input type="checkbox"/> Extractive industry
<input type="checkbox"/> Zero lot line development	<input type="checkbox"/> Research and development
<input type="checkbox"/> Clubs, fraternities, lodges, and noncommercial meeting place	<input type="checkbox"/> Warehouse distribution and wholesale
<input type="checkbox"/> Indoor civic, cultural or institutional use	<input type="checkbox"/> Mini-warehouse
<input type="checkbox"/> Adult use	<input type="checkbox"/> Crematory service
<input type="checkbox"/> Automobile and truck rental services	<input type="checkbox"/> Transmitting towers, receiving towers, relay/microwave towers without broadcast facilities or studios
<input type="checkbox"/> Automobile repair	<input type="checkbox"/> Residential quarters for staff or caretaker
<input type="checkbox"/> Transportation facilities	<input type="checkbox"/> Service buildings and facilities normally accessory to the permitted uses
<input type="checkbox"/> Garages for storage of vehicles	<input type="checkbox"/> Planned unit development
<input type="checkbox"/> Private garages and carports	<input type="checkbox"/> Drive-in or drive-thru accessory to permitted use
<input type="checkbox"/> Home occupations	<input type="checkbox"/> Sheds and other accessory structures
<input type="checkbox"/> Bank, credit union or savings and loan association	<input type="checkbox"/> Off-street parking
<input type="checkbox"/> Car wash	<input type="checkbox"/> Off street parking facility on a separate zoning lot from the associated use
<input type="checkbox"/> Convenience store	
<input type="checkbox"/> Gas Station	<b>Outdoor Uses</b>
<input type="checkbox"/> Grocery/Food sales	<input type="checkbox"/> Active outdoor recreation and open space
<input type="checkbox"/> Indoor business sales and service	<input type="checkbox"/> Fairgrounds
<input type="checkbox"/> Indoor retail sales of goods (other than groceries)	<input type="checkbox"/> Outdoor entertainment
<input type="checkbox"/> Liquor store	<input type="checkbox"/> Outdoor sales
<input type="checkbox"/> Liquor sales	<input type="checkbox"/> Outdoor seating associated with a permitted restaurant
<input type="checkbox"/> Utilities	<input type="checkbox"/> Outdoor storage
<input type="checkbox"/> Other	<input type="checkbox"/> Composting site
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Airports, airstrips and landing fields

## Signatures

By signing below, I certify that the above information is a true and accurate account of the information requested for my business site and its operation and use. Should an inspection be required, I agree to allow the Inspector(s) reasonable access to the space to verify compliance with the Municipality's Ordinance. In addition, I fully understand that completion of this form or its approval does not preclude me from complying with all applicable State Statutes or Municipal Ordinances regarding my business and its lawful operation.

Applicant's Signature _____	Date ____ / ____ / ____	Inspector's Signature _____	Date ____ / ____ / ____
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### CITY USE ONLY BELOW THIS LINE

Building Inspector		Zoning Administrator		
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Date Received ____ / ____ / ____	Reviewed By	Date Received ____ / ____ / ____	Reviewed By
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Occupancy Classification	Occupancy Classification Surrounding Units	Zoning of Property	Use Permitted	By Right    By CUP  PC Approval Required
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APPROVED / DENIED	Date ____ / ____ / ____	APPROVED / DENIED	Date ____ / ____ / ____
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Public Works		City Engineer	
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Date Received ____ / ____ / ____	Reviewed By	Date Received ____ / ____ / ____	Reviewed By
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APPROVED / DENIED	Date ____ / ____ / ____	APPROVED / DENIED	Date ____ / ____ / ____
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Police Department		Fire Department	
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Date Received ____ / ____ / ____	Reviewed By	Date Received ____ / ____ / ____	Reviewed By
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APPROVED / DENIED	Date ____ / ____ / ____	APPROVED / DENIED	Date ____ / ____ / ____
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