

Plan Of Operation

Plan of Operations are required for all businesses in town. To discuss the application process with the Town Planner contact-

Town Planner- Mark Lyons

Office Hours Monday 9am to 3pm

Phone- (262)968-3656

THE FOLLOWING TO BE SUBMITTED WITH THE PLAN OF OPERATION

- Completed Professional Services Reimbursement form
- Complete Plan of Operation Form
Two (2) copies
- Site Plan drawn to scale
- Interior floor plan drawn to scale
- Exterior lighting plan with cut sheet, if applicable
- Signage- Detailed renderings with size and color location
- Landscaping Plan; if applicable
- Construction drawings to scale if new building and/or location
- A Preliminary Site Evaluation (PSE) from the Waukesha County Environmental Health Division approving the waste disposal system, if applicable
- Complete Liquor License application, if applicable (See Town Clerk for Forms)
- Copy of Restaurant License from Waukesha County Environmental Health Division, if applicable
- Applicable fees per schedule

Plan of Operation paperwork must be submitted by the 1st Monday of the month to be considered at that months Plan Commission Meeting



Site Plan/Plan of Operation

Items needed for Town Plan Commission Meeting

- Reimbursement Form
- Waukesha County Site Plan/Plan of Operation Form
- Site Plan- Drawn To Scale
- Lighting Plan with Cut Sheets
- Sign Size, Colored Renderings and Location Map
- Landscaping Plan
- Interior Floor Plan
- Parking Plan
- Construction Drawings
- Liquor License Application (if applicable)
- Restaurant Application Form (If applicable)

Complete and Return By the first Monday of the Month

TOWN OF GENESEE
S43 W31391 Highway 83
P.O. Box 242
Genesee Depot, WI 53127
Tel: (262) 968-3656 Fax: (262) 968-3809

TOWN OF GENESEE PROFESSIONAL SERVICES REIMBURSEMENT NOTICE

PLEASE READ AND SIGN THE FOLLOWING NOTICE:

Pursuant to the Town of Genesee Ordinance, the Town of Genesee Town Board has made a determination that whenever the services of the Town Planner, Town Engineer, Town Attorney, Town Building Inspector or any other of the Town's professional staff results in a charge to the Town for that professional's time and services, and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town to the property owner incurring those fees even if the request is not approved. Also, pursuant to the Town of Genesee Ordinance, 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 Town of Genesee, if the Town Planner, Town Engineer, Town Attorney, Town Building Inspector or any other Town professional provides services to the Town because of my/our activities, whether at my/our request or at the request of the Town, I/we shall be responsible for the fees incurred by the Town even if my/our request is not approved. In addition, I/we have been advised that pursuant to the Town of Genesee, certain other fees, costs, and charges are my/our responsibility even if my/our request is not approved.

You will receive your first bill once charges are incurred or your issue is closed. Bills will be sent monthly thereafter so you are kept up to date regarding your current charges.

PLEASE PRINT LEGIBLY

PROJECT NAME: _____

PROJECT ADDRESS: _____

TAX KEY NO: _____

REQUEST FOR: _____

RESPONSIBLE PARTY (PETITIONER) NAME, MAILING ADDRESS, SIGNATURE & DATE

Printed Name _____ Signature _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

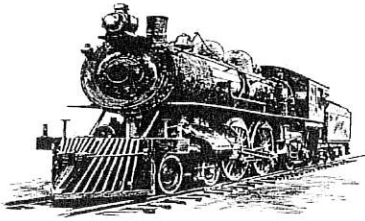
Phone _____ Fax _____ Email _____

PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE:

Printed Name _____ Signature _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____



Town of Genesee est. 1843
S43 W31391 Highway 83
P.O. Box 242
Genesee Depot, WI 53127
Tel: (262) 968-3656 Fax: (262) 968-3809

PLAN OF OPERATION APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PLAN OF OPERATION NO.: _____ **TAX KEY NO.:** _____

REQUEST FOR: _____

RESPONSIBLE PARTY NAME (BUSINESS OPERATOR), MAILING ADDRESS & DATE:

Printed Name *Date*

Mailing Address *City* *State* *Zip*

Phone *Fax* *Email*

PROPERTY OWNER NAME, MAILING ADDRESS & DATE:

Printed Name *Date*

Mailing Address *City* *State* *Zip*

Phone *Fax* *Email*

BUSINESS NARRATIVE: On separate paper, please describe in detail the specific type of business operation (Retail, Restaurant, Manufacturing, Office, Etc.), including temporary, accessory, and outdoor uses (storage, etc.). The details should include parking needs, exterior display needs, proposed alterations to the building exterior or the site, lighting, landscaping, signage, etc. Provide a separate list of all items sold or produced on the property.

SITE SPECIFIC QUESTIONS

Are there any proposed changes to the current site plan proposed? Yes No If yes, please delineate the additional changes on the Site Plan submitted.

1. **Is any interior remodeling proposed?** Yes No
 Please provide an interior floor plan with all changes highlighted or clearly marked. State Approved Building Plans may be required.

2. **Are any changes to the parking or loading on the current site plan proposed?** Yes No
If yes, delineate any changes on the Site Plan submitted.

Number of parking spaces on the site? _____

Number of loading docks on the site? _____

Describe the types of business-related vehicles and equipment parked/stored outdoors on the site (numbers, sizes, etc.)? _____

3. **Are any changes to the lighting on the current site plan proposed?** Yes No If yes, delineate any changes on the Site Plan submitted.

4. **Are any changes to the landscaping on the site proposed?** Yes No If yes, delineate any changes on the Site Plan submitted.

5. **Is the operator changing?** Yes No

6. **Are any special events proposed with this use?** Yes No

If yes, describe the types of events, parking accommodations, sanitary facilities, number of persons, days/hours of each event, music, security, food and alcohol served, fencing, signage, etc., delineate the locations of the events on the Site Plan/Floor Plan submitted.

7. **Are any changes to the Signage on current site plan proposed?** Yes No

If yes, delineate any changes on the Site Plan submitted. Describe below the type of signage that exists and what signage is proposed on the site (attached, free-standing, ground, mobile, projecting, window, electronic message, banners, flags, sandwich boards, etc.) and if the signs are illuminated, single/double faced, along with the number, size and height of all the signs.

8. **What are the proposed maximum days and hours of operation?**

9. **How many employees (maximum) will be working at this location?**

Full-Time _____ Part-Time _____ Seasonal _____

10. **Will there be music or other types of entertainment onsite?** Yes No

If yes, describe what types (live, amplified, recorded, juke box, etc.) Indoors and/or outdoors and

the days and hours music will be provided?

11. **Are there any dumpsters/waste containers on site?** Yes No

If yes, please delineate on the Site Plan submitted.

If yes, how are they screened from public view? _____

12. **Is the site served by sewer or a private septic system?** _____

If on septic, has a Sanitary Permit or PSE been obtained for the project? Yes No

If yes, please provide a Sanitary Permit Number or date of PSE approval. _____ If no, please contact the Waukesha County Environmental Health Division at (262) 896-8300.

13. **Will there be Food Service?** Yes No

If yes, please provide interior and exterior table seating on the floor plan/site plan and contact the Waukesha County Environmental Health Division at (262) 896-8300.

14. **Will there be any bar service?** Yes No

If yes, please provide interior and exterior bar seating on the floor plan/site plan.

15. **Will there be any outside storage on site?** Yes No

If yes, please delineate on Site Plan submitted and a list of what types of items will be stored outdoors on the site (number, size, etc.).

16. **Has a Building Inspection been completed?** Yes No

If yes, Date. _____

If no, please contact the Town Building Inspector at (262) 825-8820.

17. **Has a Fire Inspection been completed?** Yes No

If yes, Date. _____

If no, please contact the Local Fire Inspector at (262) 646-6235.

18. **Do you feel there will be any problems such as odor, noise, smoke, etc. resulting from this operation?**

Yes No If yes, explain _____

19. **Expected date of occupancy:** _____ **To ensure there is adequate amount of information and a sufficient amount of time for staff review, two (2)**

completed copies of ALL required materials shall be submitted to the Town Planner. No changes to the request may be made once the application packet is submitted. It is preferable the plans or maps include two (2) full size sets and two (2) 11" x 17" sets and drawn to scale. Plans shall not be reduced, enlarged or faxed. Additional items may be required. In addition to the above, the Town requires one (1) digital/electronic copy of the submittal packet.

The undersigned owner hereby certifies that all of the above information and attachments (Site Plan/Plat of Survey, Interior Floor Plans, and supplemental information) are true and accurate to the best of his or her knowledge and belief, and that he or she has read and understands all information in this application form. Incomplete or inaccurate applications may be denied. By signing this form, the owner or his/her authorized agent is giving their consent to the Town of Genesee to inspect the site as necessary and related to this application, even if the property has been posted against trespassing pursuant to Wis. Stat.

Name of Business Operator: _____

Signature: _____ Date: _____

Name of Property Owner or Authorized Agent: _____

Signature: _____ Date: _____

Title or authority, if not the property owner: _____ Date: _____

BOTH THE OWNER/AUTHORIZED AGENT AND OPERATOR MUST SIGN THIS APPLICATION.