

Project Name	
Tax Key #	

VILLAGE OF SUSSEX PLAN OF OPERATION PROCEDURE LIST

Pre-application conference must be arranged with Gabe Gilbertson, Community Development Director. Please contact us at 262-246-5215 prior to submitting your application.

Complete the following: Plan of Operation, Service Reimbursement Agreement, Emergency Contact and Wastewater Discharge Permit.

Submit the completed forms and the required fee by the last business day of the month for consideration for the next Plan Commission Agenda. Please note that submitting by the deadline does not guarantee placement on the Plan Commission Agenda. Completed forms can be emailed to ggilbertson@villagesussex.org.

The following fees are required at the time of su	ıbmittal:
Plan of Operation fee	\$175.00
Conditional Use fee (if necessary)	\$210.00
Pre Occupancy inspection fee	\$100.00
Please make check payable to: Village of Susse	ex (fees are non refundable)
Notes:	
Additional fees are required for building permit nature of your request.	s, review fees, or other items depending upon the
Contact Name for meetings:	Phone #
E-mail:	
For office use only:	
Met with staff on:	
Paid fees on:	-
Paid fees on: To be on the Plan Commission Agenda for:	
Original forms to the following:	
Plan of Operation to Jeremy	
Service reimbursement	
Emergency Contact to Sheriff Dept	_
Wastewater Permit to WWTP	
Any outstanding fees owed on the property?	



PLAN OF OPERATION

To be used for a business with changes or new business in an existing building. Is this request to be considered for a Conditional Use? _____ If yes, is this a new CU? _____ (Conditional Use Permits require a Public Hearing) OR an amendment to a CU? _____ Tax Key # _____ Zoning: _____ Address of Tenant Space: 1. Name of Business: Business Address City, State, Zip Phone # Fax # Email address 2. Business owner contact information: Contact Address City, State, Zip Phone # Fax # Email address 3. Building/Land owner contact information: Contact City, State, Zip Address Phone # Fax # Email address 4. Number of Employees/Shifts: __ Employees **Shifts** 5. Days of Operation:

Put an X in box that applies:
Hours
Open for business

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Is this an extension of an existing	ng operation?	_
7. On a separate sheet of paper explist of all items to be sold, production	· ·	or the change to your business. Attach a ses.
8. Is a liquor license or any other statements. Licensing Agencies? If yes, explain: If yes, please obtain and agencies.	Do you need an Outdo	oor Establishment Permit?
If yes, please obtain a	nd complete permit application.	
9. If your proposed operation will proposing?		
10. Do you feel there will be any p operation? If yes, e		e or noise resulting from this
11. Dimension of area to be occup	pied	Total square footage
If applicable list square footag	ge according to 1st floor	2 nd floor
Please provide a copy of the site pl building, label the space which wil		out of the building and if a multi tenant ess.
12. Parking: Total Number of Parking Space Number of spaces allocated for Dimensions of parking lot	employee parking	f spaces needed per code
13. Signage: What type of signage	are you proposing for your b	ousiness?
If applicable, complete a Sign Permit application	on and submit to the Building Inspect	ion Dept. Please refer to Chapter 17.0800.
		of Sussex and hereby agree to abide by mit issued pursuant to this application.
I do swear to or affirm that all state knowledge.	ements contained herein are t	rue and correct to the best of our
Name	Date	
Title or Position		
I am aware and approve of the bus owned by	ž –	uilding
Name	Date	
Title or Position		



N64W23760 Main Street Sussex, Wisconsin 53089 Phone (262) 246-5200 FAX (262) 246-5222

Email: info@villagesussex.org
Website: www.villagesussex.org

VILLAGE OF SUSSEX PROFESSIONAL SERVICES REIMBURSEMENT NOTICE

Pursuant to the Village of Sussex Ordinance No. 3.11, the Village of Sussex Village Board has determined that whenever the services of the Village Attorney, Village Engineer, Village Planner, or any other of the Village's 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 even if the request is not approved. Also, be advised that pursuant to said Village of Sussex Ordinances, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved. Imposition of any fees, costs or charges, however, is subjected to the property owner's appeal rights as described in said Village of Sussex Ordinances.

I, the undersigned, have been advised that, pursuant to said Village of Sussex Ordinances, if the Village Attorney, Village Engineer, Village Planner or any other Village professional provides services to the Village because of my activities, whether at my request or at the request of the Village, I shall be responsible for the fees incurred by the Village even if the request is not approved. In addition, I have been advised that pursuant to said Village of Sussex Ordinances, certain other fees, costs, and charges are my responsibility even if the request is not approved. By signing this document however, I am not waiving my appeal rights that are described in said Village of Sussex Ordinances.

PLEASE PRINT LEGIBLY

Name and Mailing Address of the Property Owner and /or Auth	norized Agent for Invoices:
Business Name:	
Name of Owner and Address of the Property involved in the Re	equest (if different from above):
Tax Key No. of the Property involved in the Request: SUXV_	
Signature of Property Owner and /or Authorized Agent	Date
Signature of Village Official Accepting Form	Date

A copy of this completed form shall be provided to the Village Clerk for billing purposes.



WASTEWATER DISCHARGE PERMIT APPLICATION

Standard Industrial Classification #: How many people do you employ? What are your businesses hours of work? Who is responsible for water quality? (List job titles) Time and Duration of Discharge: Average and Peak Wastewater Flow Rates(Include any daily, monthly or seasonal variations): Please describe the activities, facilities, and plant processes on the premises including all materials and types of materials which are or could be discharged:	Business Name:
Standard Industrial Classification #: How many people do you employ? What are your businesses hours of work? Who is responsible for water quality? (List job titles) Time and Duration of Discharge: Average and Peak Wastewater Flow Rates(Include any daily, monthly or seasonal variations): Please describe the activities, facilities, and plant processes on the premises including all materials and types of materials which are or could be discharged: Please list each product your business produces. (Include type, amount and rate of production):	Address:
What are your businesses hours of work? Who is responsible for water quality? (List job titles) Time and Duration of Discharge: Average and Peak Wastewater Flow Rates(Include any daily, monthly or seasonal variations): Please describe the activities, facilities, and plant processes on the premises including all materials and types of materials which are or could be discharged: Please list each product your business produces. (Include type, amount and rate of production):	Owner/Operator:
Who is responsible for water quality? (List job titles) Time and Duration of Discharge: Average and Peak Wastewater Flow Rates(Include any daily, monthly or seasonal variations): Please describe the activities, facilities, and plant processes on the premises including all materials and types of materials which are or could be discharged: Please list each product your business produces. (Include type, amount and rate of production):	Standard Industrial Classification #:
Who is responsible for water quality? (List job titles) Time and Duration of Discharge: Average and Peak Wastewater Flow Rates(Include any daily, monthly or seasonal variations): Please describe the activities, facilities, and plant processes on the premises including all materials and types of materials which are or could be discharged: Please list each product your business produces. (Include type, amount and rate of production):	How many people do you employ?
Time and Duration of Discharge: Average and Peak Wastewater Flow Rates(Include any daily, monthly or seasonal variations): Please describe the activities, facilities, and plant processes on the premises including all materials and types of materials which are or could be discharged: Please list each product your business produces. (Include type, amount and rate of production):	What are your businesses hours of work?
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What are the constituents and characteristics of your wastewater?	Please list each product your business produces. (Include type, amount and rate of production):
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New construction: attach site plans, floor plans, mechanical and plumbing plans and details to show all sewers and appurtenances by size, location and elevation.



Village of Sussex Fire Department N63 W24335 Main Street Sussex, Wisconsin 53089

Fire Station - *PHONE*262-246-5197
Fire Station - *FAX*262-246-5196

Waukesha County Sheriff – Sussex Office

Emergency Contact Form to be completed with Plan of Operation form.

Business Name:
Business Address:
Business Phone #:
Business Email:
Business Emergency Contacts
Name and Phone #:
Name and Phone #:
Name and Phone #:
Building Owner Name:
Building Owner Email:
Building Owner Emergency Contacts
Name and Phone #:
Name and Phone #:
Knox Box (if applies) Have locks been changed and new key provided to Fire Department? Yes No