

VILLAGE OF ELM GROVE
Application for Plan of Operation and
Change in Use/Amendment to Existing Operation

****This document is a matter of public record and may be reviewed upon request.****

Business Contact Information

Property Information	Business/Tenant Information
Property Tax Key #:	Business Name:
Property Address:	Business Owner:
Property Owner and Mailing Address (City/State/ZIP):	Business Owner Mailing Address (City/State/ZIP):
Property Owner Business Phone and Fax #:	Business Owner Business Phone and Fax #:
Property Owner Cell Phone #:	Business Owner Cell Phone #:
Property Owner E-mail Address:	Business Owner E-mail Address:
After Hours Emergency Contact Name and Phone #:	After Hours Emergency Contact Name and Phone #:

Business Use Information (attach additional sheets if required)

1. Explanation of Proposed Business (e.g. use of building/property):
2. Total Number of Employees/Number of Employees on Largest Work Shift:
Total Number of Employees: _____ (both full and part time)
Total Number of Employees on Average Work Shift: _____

3. Hours of Operation (for each day of the week):	
Monday: _____	Friday: _____
Tuesday: _____	Saturday: _____
Wednesday: _____	Sunday: _____
Thursday: _____	
4. Customer Load:	
Daily Average: _____	
Daily Peak: _____	
5. Will you be submitting for signage? If yes, your proposal must meet Building Board specifications – see Assistant Planner	
<input type="radio"/> Yes <input type="radio"/> No	
6. Expected Date of Occupancy:	

- **Site Plan Information** (Provide representation of the following: ingress; egress; parking arrangement; landscaping; loading docks/stalls; refuse/recycling receptacle storage; equipment/materials storage; accessory structures. ***If a site plan has been previously filed with the Village, please indicate below and reference the date of submittal.***)

- **Floor Plan Information** (Provide identification of offices, conference rooms, display areas and storage areas). List all other occupants within the building, their business and parking requirements (may be provided by building owner).

Approval of the Plan of Operation and Site Plan Review will NOT be granted without receipt of this completed form at least 21 business days prior to a regularly scheduled Plan Commission meeting (first Monday of each month).

*Applicant's Signature: _____ Date: _____

*Signature of Property Owner or Registered Agent: _____ Date: _____

***Signature of this document denotes review of and agreement to the content of this form and the requirements of Section 335-85 – Plans of Operation.**

Conditions of Approval:

Copies provided to:

- Building Inspector
- Assistant Planner
- Fire Chief
- Fire Inspector
- Assessor
- Village Clerk

Village of Elm Grove Plan of Operation Addendum and Notice of Responsibilities

In order for the Village to maintain continuity of business operations and have contact information for emergency services, a plan of operation must be approved by the Plan Commission and on file at the Village Hall prior to initiating business operation. The plan of operation is designed to ensure that important Village regulations (such as parking requirements) are consistently enforced. Businesses are not allowed to operate until the plan of operation has been reviewed and approved by the Plan Commission. A plan of operation is the joint responsibility of the business operator and the property owner and/or registered agent.

As businesses or institutions requiring a plan of operation *change the nature of business as defined in Section 335-32J*, submittal and approval of an amended plan of operation shall be required. Amended plans of operation are processed in the same manner as initial review and approval, which includes verification from the business operator and the property owner and/or registered agent as to the nature and scope of the proposed use and consultation with the Zoning and Planning Administrator.

At all times it shall be the responsibility of both the business operator and the property owner and/or registered agent to provide adequate parking facilities that are consistent with the requirements of Section 335-32 (Parking). Said responsibility includes, but is in no way limited to, the need to obtain adequate parking should any sort of joint or shared parking arrangement be terminated for any reason.

**VILLAGE OF ELM GROVE POLICE DEPARTMENT
13600 JUNEAU BOULEVARD
ELM GROVE, WI 53122
(262) 786-4141**

This form is confidential and is not subject to Open Records Requests or Public Access as outlined in Chapter 65 (Records) of the Village of Elm Grove Code of Ordinances and Wisconsin Statutes 19.35 (1) (am). Only the Village of Elm Grove Police Department will maintain this portion of the document in any file for public safety and dispatch purposes.

Public Dispatch Information	Business Key Holder Information**
Burglar Alarm System: Yes No (circle one) (if yes, please indicate location of alarm panel)	1 st Key Holder Name/Phone #/Cell#:
Interior Lights Left on When Closed: Yes No	2 nd Key Holder Name/Phone #/Cell#:
Safe/Cash Box Present On Site: Yes No (if yes, please indicate location and whether or not it is visible from the outside)	3 rd Key Holder Name/Phone #/Cell#:

Fire Department Information
KNOX-BOX On Site: Yes No (if yes, please indicate location)
Fire Alarm System On Site: Yes No (if yes, please indicate location)

****IF AN EXTERIOR DOOR IS FOUND UNLOCKED, IT WILL BE SECURED/LOCKED, IF POSSIBLE, BY THE POLICE DEPARTMENT. IF A DOOR CANNOT BE SECURED, AN EMERGENCY CONTACT NAME MAY BE CALLED.**

Business Owner/Registered Agent: _____

Date: _____

Authorized By: _____

Date: _____

SURVEY OF EMPLOYEE HOURS FOR NON-METERED BUSINESSES

VILLAGE OF ELM GROVE

Owner/Facility Name _____

Business Location _____

Mailing Address (if different from above) _____

Instructions: Sanitary sewer charges for unmetered water users are based on the number of employee hours worked at the business location. Please report the total number of hours that each employee is estimated to be present at the above business location, including management, working owners, and part time employees.

Description of business operations: _____

Estimated employee data for 2006

	<u>Number of employees</u>	<u>Hours/Year</u>
Full time employees	_____	_____
Part time employees	_____	_____
Total	_____	_____

Do you anticipate a significant change in employee hours during the next twelve months?

Yes _____ No _____ If yes, please explain: _____

Return by:

Business Owner/Registered Agent

Title _____ *Date*

Return to: *Mary S. Stredni*
Village of Elm Grove
13600 Juneau Blvd.
Elm Grove WI 53122

Telephone Number