



Village of
Elm Grove

VILLAGE OF ELM GROVE APPLICATION FOR PLAN OF OPERATION AND CHANGE OF USE/AMENDMENT TO EXISTING OPERATION

**** This document is a matter of public record and may be viewed upon request**
\$50.00 APPLICATION FEE DUE AT TIME OF SUBMISSION**

Business Information:

Name of Proposed Business:

Business Federal Tax Identification Number:

Address of Proposed Business:

Unit #:

Property Tax Key:

Business Owner Information:

Name:

Mailing Address:

Unit #:

Business Phone #:

Cell Phone #:

Email Address:

Property Owner/Registered Agent Information:

Name:

Mailing Address:

Unit #:

Business Phone #:

Cell Phone #:

Email Address:

Business Use Information (attach additional sheets if necessary):

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 Largest Work Shift: _____

3. Hours of Operation (for each day of the week):

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Business Use Information (Continued):

4. Customer Load:

Daily Average: _____

Daily Peak: _____

5. Will you be submitting for signage? (If yes, your proposal must meet Building Board specifications—see Zoning Administrator)

Yes

No

6. Will there be a dumpster located on the property? (If yes, it must be screened from the street and all neighboring properties, per Village Ordinance—see Zoning Administrator)

Yes

No

7. 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).

Building Permits: Repairs, alterations, or mechanical work to any structure or tenant space may require permits. Please contact the Village Building Inspector Mike Hadley for questions. Email: mhadley@safebuilt.com / Phone: (262) 212-8615.

Approval of the Plan of Operation and Site Plan Review will NOT be granted without receipt of this completed form at least 20 business days prior to a regularly scheduled Plan Commission meeting (first Monday of each month).

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

Property Owner/Registered Agent Name (Print): _____

Property Owner/Registered Agent Signature: _____

Date: _____

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

FOR INTERNAL OFFICE USE ONLY:

Form and Payment Received:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Initial:	Date:	Copies provided to:
Form Complete:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Initial:	Date:	
Photo ID Verification:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Initial:	Date:	
Lease Verification w/ Property Owner:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Initial:	Date:	
Zoning Administrator Review:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Initial:	Date:	
							<input type="checkbox"/> Building Inspector <input type="checkbox"/> Fire Inspector <input type="checkbox"/> Assessor <input type="checkbox"/> Fire Chief <input type="checkbox"/> Village Clerk <input type="checkbox"/> Police

CONDITIONS OF APPROVAL:

APPROVED DENIED

*THIS FORM IS NOT VALID UNLESS STAMPED AND SIGNED BY THE VILLAGE

AUTHORIZED SIGNATURE

**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: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please indicate location of alarm panel below)	1ST KEY HOLDER : Name: Phone #:
INTERIOR LIGHTS LEFT ON WHEN CLOSED: <input type="checkbox"/> YES <input type="checkbox"/> NO	2ND KEY HOLDER: Name: Phone #:
SAFE/CASH BOX PRESENT ON SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please indicate location and whether or not it is visible from the outside below)	3RD KEY HOLDER: Name: Phone #:

Fire Department Information
KNOX-BOX ON SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please indicate location below)
FIRE ALARM SYSTEM ON SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please indicate location below)

Business Tax Registration Information (Optional)
BUSINESS OWNER SOCIAL SECURITY NUMBER AND/OR DRIVER LICENSE NUMBER:
BUSINESS FEDERAL TAX IDENTIFICATION NUMBER:

**** 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 MAY BE CALLED.**

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

Property Owner/Registered Agent Name (Print): _____

Property Owner/Registered Agent Signature: _____

Date: _____

**VILLAGE OF ELM GROVE
SURVEY OF EMPLOYEE HOURS FOR
SANITARY SEWER NON-METERED BUSINESSES**

Please provide information regarding employee hours for sanitary sewer billing.

***If your business is located at any of the addresses listed at the bottom of this form for metered buildings you do not need to provide this information. ***

Business Name: _____

Business Address: _____

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 Operation: _____

Estimated Employee Data:

	<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:

**Business Owner/Registered Agent
(Print):** _____

**Business Owner/Registered Agent
Signature:** _____

Date: _____

Title: _____

Phone #: _____

Return to: Village Clerk
Village of Elm Grove
13600 Juneau Blvd.
Elm Grove, WI 53122

****Addresses of Metered Buildings****

If your business is located in any of the following addresses, we do not need the information above:

Bluemound Road: 12400, 12500, 12700, 12850-12950, 12970, 15280

Elm Grove Road: 500, 890, 945

Watertown Plank Road: 13100, 13150, 13500, 13545