



PLAN COMMISSION AGENDA APPLICATION

DEADLINES - Applications are to be submitted to the Clerk's Office by the following deadlines:

- * Regular applications are due **15 days prior** to the next regularly scheduled Plan Commission meeting.
- * Public Hearing applications are due **28 days prior** to the next regularly scheduled Plan Commission meeting

A complete submittal includes one set of the following documents:

- Completed and signed Plan Commission Agenda Application and Professional Services Reimbursement Form.
- Completed New Business Occupancy Form for the Police Department. (New Businesses only)
- Completed Lake Country Fire and Rescue Department Occupancy Inspection Statement & Invoice (New Businesses only)
- Application fee with check made payable to the City of Delafield.
- Any other documents as requested by the City Planner. **NOTE: If submitting plans larger than 11" x 17", please submit one (1) set of full-size plans which shall be folded as well as one reduced size copy.*

Plan Commission meetings are held the last Wednesday of the month at 7PM at City Hall in the Council Chambers unless otherwise noted. Applicants **MUST** be in attendance at the meeting or action **WILL NOT** be taken by the Plan Commission. Please contact City Planner Roger Dupler with any questions regarding this application at 414-949-8914, rdupler@sehinc.com.

~ INCOMPLETE SUBMITTALS WILL NOT BE POSTED TO THE AGENDA ~

PROPERTY OWNER INFORMATION

Name: _____

Signature: _____

Mailing Address: _____
Suite/Unit City State Zip

Phone - Day: _____ Phone - Evening: _____

E-Mail Address: _____

APPLICANT INFORMATION

(Skip if it is the same as above)

Name: _____

Mailing Address: _____
Suite/Unit City State Zip

Phone - Day: _____ Phone - Evening: _____

E-Mail Address: _____

**FOR OFFICE USE ONLY:
DATE SUBMITTED**

<u>TYPE OF REVIEW APPLICANT IS REQUESTING</u>		<u>FEE</u>
<i>Please check the box by the item you are applying for.</i>		
<input type="checkbox"/>	<p>BUSINESS PLAN OF OPERATION – NEW BUSINESS – Zoning Code Section 17.33</p> <p>Tax Key: DELC _____ <i>(must be filled in by the applicant)</i></p> <p>Business Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Suite/Unit City Zip </div> </p> <p>Business Type: _____</p> <p>Business Name: _____</p> <p>Number of Employees: # _____ Part-Time # _____ Full-Time</p> <p>Proposed Hours of Operation: Weekdays: _____ a.m. to _____ p.m. Saturday: _____ a.m. to _____ p.m. Sunday: _____ a.m. to _____ p.m.</p> <p>Prior Tenant: _____ Signage Applied For: YES NO</p>	\$50
<input type="checkbox"/>	<p>BUSINESS PLAN OF OPERATION – AMENDMENT – Zoning Code Section 17.33</p> <p>Tax Key: DELC _____ <i>(must be filled in by the applicant)</i></p> <p>Business Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Suite/Unit City Zip </div> </p> <p>Business Name: _____</p> <p>Amending: <input type="checkbox"/> Owner <input type="checkbox"/> Location <input type="checkbox"/> Hours <input type="checkbox"/> Employees <input type="checkbox"/> Use</p> <p>Amending From: _____</p> <p>Amending To: _____</p>	\$50
<input type="checkbox"/>	<p>BUSINESS PLAN OF OPERATION – TEMPORARY – Zoning Code Section 17.33</p> <p>Tax Key: DELC _____ <i>(must be filled in by the applicant)</i></p> <p>Business Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Suite/Unit City Zip </div> </p> <p>Business Name: _____</p> <p>Reason for Temporary Business Plan of Operation: _____</p> <p>Date(s) of Operation: _____</p>	\$50



Lake Country Fire & Rescue

115 Main Street, Delafield, WI 53018

Dear Business Owner:

Welcome to the City of Delafield! We hope your preparation goes smoothly as you prepare to open your business. As representatives of the Lake Country Fire & Rescue, we would like to request that you contact our department to schedule an occupancy inspection prior to the opening of your business.

Lake Country Fire & Rescue is responsible for performing fire inspections twice a year. Beginning in 2015 we have instituted an occupancy inspection program for new business owners to ensure that your new business meets all the fire safety requirements of the City of Delafield and the State of Wisconsin prior to your opening. Our purpose is to ensure you, your staff and customers have a safe place to conduct business. The inspection should not take long and we will make every effort to schedule the inspection at your convenience. Please contact us at 262-646-6235 at least one week prior to the opening of your business to schedule your inspection.

There is a \$50 fee for this inspection payable to Lake Country Fire & Rescue. Please send a check to Lake Country Fire & Rescue, 115 Main Street, Delafield, WI 53018 or payment by check may be made at the time of inspection.

Thank you for your cooperation in this matter. Again, we welcome you and wish you much success in your business!

Sincerely,
The Staff of Lake Country Fire & Rescue

Business Owner: _____ Alt. Contact: _____

Phone: _____ Alt. Phone: _____

Email Address: _____

Name of Business: _____

Location: _____

Anticipated Date of Opening: _____ Check# _____

City of Delafield Police and Fire Departments Occupancy Listing

Business Name: _____

Address: _____

Telephone Number: _____ Knox Box: Yes No

Alarm System* Yes No Alarm Company: _____

Type of Alarm: _____ Alarm Co. Telephone: _____

Hazardous Materials/Conditions: Yes No If yes, attach additional information.

Building Owner:

Name: _____

Address: _____

Daytime Telephone: _____ After Hours Telephone: _____

Cell Telephone: _____ Pager: _____

Occupant Owner/Manager:

Name: _____

Address: _____

Daytime Telephone: _____ After Hours Telephone: _____

Cell Telephone: _____ Pager: _____

Key-holders in call order: 1) Telephone 2) Pager 3) Cell

Name: _____

1) _____ 2) _____ 3) _____

Name: _____

1) _____ 2) _____ 3) _____

Name: _____

1) _____ 2) _____ 3) _____

If building is maintained by a Management Company provide their contact information:

Company Name: _____

Contact Person: _____

Daytime Telephone: _____ After Hours Telephone: _____

Any change in information should be reported to the City of Delafield Police Department (262.646.6240 fax 262.646.6242) and the Fire Department (262.646.6235 fax: 262.646.6236).

* The City of Delafield has adopted an ordinance regulating false alarms. The ordinance is found in Chapter 9 Section 28 of the Municipal Code.