

**Town of West Bend - Washington County, Wisconsin**

**APPLICATION for SITE PLAN REVIEW**

(R-1S/MU, SRO, B-1, B-2, SMCO, M-1, SMO Districts)

**Name of Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Applicant** (if different from Property Owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Description:**

Is this a new site plan or an amendment to existing site plan?      New: \_\_\_\_\_      Amendment: \_\_\_\_\_

A. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

B. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

C. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

D. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

(if additional parcels, please attach as separate sheet)

Zoning of adjoining properties:

A. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

B. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

C. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

D. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

E. Tax Key # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

(if additional properties, please attach as separate sheet)

**Plan of Operation:**

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_ Years in operation: \_\_\_\_\_

Business type:

\_\_\_\_\_ Retail    \_\_\_\_\_ Commercial    \_\_\_\_\_ Office    \_\_\_\_\_ Manufacturing    \_\_\_\_\_ Other

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Description of business operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific use of each building (building shall be identified on site plan as described below; principal structures shall be listed before accessory structures):

Building A: \_\_\_\_\_

Building B: \_\_\_\_\_

Building C: \_\_\_\_\_

Building D: \_\_\_\_\_  
(if additional buildings, please attach as separate sheet)

Current number of employees:      Full-time: \_\_\_\_\_      Part-time: \_\_\_\_\_      Seasonal \_\_\_\_\_

Days of operation (check all that apply):      Mon-Fri: \_\_\_\_\_      Sat: \_\_\_\_\_      Sun: \_\_\_\_\_

Hours of operation:      Open: \_\_\_\_:\_\_\_\_      Close: \_\_\_\_:\_\_\_\_      24 hr. \_\_\_\_\_

Production materials waste management (describe): \_\_\_\_\_  
\_\_\_\_\_

Description and location of hazardous/flammable materials stored on site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of building/grounds maintenance: \_\_\_\_\_

Method of property security: \_\_\_\_\_

**Exterior:**

Outside storage:      Yes \_\_\_\_\_      No \_\_\_\_\_

What will be stored and where: \_\_\_\_\_  
\_\_\_\_\_

Dumpsters (location and screening shown on site plan)

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Screening plan (shown on site plan or attached as addendum)

Lighting plan (attached as addendum)

Signage plan (attached as addendum)

Landscaping plan (shown on site plan or attached as addendum)

Erosion control / stormwater management plan (shown on site plan or attached as addendum)

**Parking / Loading:**

Total area all parking: \_\_\_\_\_ acres \_\_\_\_\_ square feet

Parking lot construction: Paved: \_\_\_\_\_ Gravel: \_\_\_\_\_ Grass: \_\_\_\_\_ Other: \_\_\_\_\_

Expected number trucks per day: \_\_\_\_\_ Expected number autos per day: \_\_\_\_\_

Overnight parking: Number trucks: \_\_\_\_\_ Number autos: \_\_\_\_\_ Equipment: \_\_\_\_\_

Number off-street parking spaces: Employee: \_\_\_\_\_ Visitor: \_\_\_\_\_

Off-street parking spaces (attach plan): \_\_\_\_\_

Off-street loading spaces (attach plan): \_\_\_\_\_

Is access permit required? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has permit been secured? Yes \_\_\_\_\_ No \_\_\_\_\_

Parking and loading plan (shown on site plan or attached as addendum)

**Other:**

Will any type of music be part of this proposal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes (check all that apply): Pre-recorded: \_\_\_\_\_ Live: \_\_\_\_\_

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Monday through Thursday Proposed start time: \_\_\_\_:\_\_\_\_ Proposed end time: \_\_\_\_:\_\_\_\_

Friday and Saturday Proposed start time: \_\_\_\_:\_\_\_\_ Proposed end time: \_\_\_\_:\_\_\_\_

Sunday Proposed start time: \_\_\_\_:\_\_\_\_ Proposed end time: \_\_\_\_:\_\_\_\_

Will a liquor license or any other special license be required? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain the nature and use of the license: \_\_\_\_\_

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**Living Quarters** (if applicable):

Number of current owner-occupied units:

\_\_\_\_\_ Single-family dwelling

\_\_\_\_\_ Mixed-use (description of uses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other (describe): \_\_\_\_\_

\_\_\_\_\_

Total number occupants: \_\_\_\_\_

Number of proposed owner-occupied units:

\_\_\_\_\_ Single-family dwelling

\_\_\_\_\_ Mixed-use (description of uses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other (describe): \_\_\_\_\_

\_\_\_\_\_

Total number occupants: \_\_\_\_\_

Number of current renter-occupied units (non-senior):

\_\_\_\_\_ Single-family dwelling

\_\_\_\_\_ Mixed-use (description of uses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other (describe): \_\_\_\_\_

\_\_\_\_\_

Total number occupants: \_\_\_\_\_

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Number of proposed renter-occupied units (non-senior):

\_\_\_\_\_ Single-family dwelling

\_\_\_\_\_ Mixed-use (description of uses): \_\_\_\_\_

\_\_\_\_\_ Other (describe): \_\_\_\_\_

Total number occupants: \_\_\_\_\_

Number of current senior living units:

\_\_\_\_\_ Single-family dwelling      \_\_\_\_\_ Apartment      \_\_\_\_\_ Assisted Living

\_\_\_\_\_ Continuing Care Retirement      \_\_\_\_\_ Skilled Nursing

\_\_\_\_\_ Other (describe): \_\_\_\_\_

Total number occupants: \_\_\_\_\_

Number of proposed senior living units:

\_\_\_\_\_ Single-family dwelling      \_\_\_\_\_ Apartment      \_\_\_\_\_ Assisted Living

\_\_\_\_\_ Continuing Care Retirement      \_\_\_\_\_ Skilled Nursing

\_\_\_\_\_ Other (describe): \_\_\_\_\_

Total number occupants: \_\_\_\_\_

**Additional information to be considered during site plan review:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please attach as separate sheet if additional space is required)

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**Application Checklist** (for all districts):

*(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Site Plan Review until all of the information below, as required under Chapter 17.10.03.D of the Zoning Ordinance, is submitted as an attachment to this Application. Please confirm inclusion of the required information by checking each item below).*

- Confirmation that the submitted site plan conforms with the requirements of Chapter 17.10.02 of the Zoning Ordinance.
- Site plan drawn to a recognized engineering scale, scale of drawing, north arrow, and site size information (area in square feet or acres).
- Name of project.
- Existing and proposed topography shown at contour intervals of two feet or less. Topography shall extend 40 feet onto adjacent property or to the building on the adjacent lot, whichever is greater.
- The characteristics of soils related to contemplated specific uses.
- All building and yard setback lines.
- Where applicable, both the 100 year recurrence interval floodplain and the floodway; environmental corridors and isolated natural resource areas; and wetland areas.
- The type, size, height, location, and use of all existing and proposed structures with all building dimensions shown.
- Existing and proposed street names, rights-of-way, and easements.
- Proposed stormwater management facilities, including detention/retention areas.
- Proposed location and type of all signs to be placed on the site.
- The location and type of all outdoor lighting.
- Existing isolated, individual trees and the boundary of woodlands.
- Landscape plan with the location, extent, and type of proposed plantings.
- Location of pedestrian sidewalks and walkways, and bicycle lanes or paths.
- A graphic outline of any development staging.
- Scaled architectural plans, color building elevations, and color perspective drawings and color sketches illustrating the design and character of proposed structures and relevant surrounding structures and properties within 300 feet.

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\_\_\_ Detailed description of all exterior building materials and colors.

\_\_\_ The location and description of all existing and proposed personal energy systems.

\_\_\_ Additional Information as may be required by the Plan Commission, Zoning Secretary, or Zoning Administrator.

**Application Checklist** (for supplemental land use overly districts):

*(Please confirm compliance with the Performance Standards requirements of Chapter 17.4.12 of the Zoning Ordinance by checking each item below)*

\_\_\_ Screening plan

\_\_\_ Vibration plan

\_\_\_ Heat plan

\_\_\_ Lighting plan

\_\_\_ Glare plan

\_\_\_ Parking plan

\_\_\_ Noise plan

**Substantive Changes**

Any substantive change to the use of this parcel or the structures on it shall require an amendment to the site plan.

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**Application Fee:**  
(\$500.00)

Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Services Fee:**

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_