



SBOP Fee \$800.00

VILLAGE OF RICHFIELD, WISCONSIN

SITE, BUILDING AND PLAN OF OPERATION APPLICATION

The undersigned agrees to comply with the Village of Richfield Zoning Code of Ordinances, and the conditions of this permit; understands that the issues of this permit create no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that the information listed below is accurate.

Overview

Please fill out all forms attached in this document for the purposes of a site, building and plan of operation review. The attached zoning codes and ordinances address requirements of the site, building and plan of operation review as well as all lighting requirements. The documents also address specific setback, lot and building size requirements. Approval of these applications must first be received from the Architectural Review Board and then from the Plan Commission.

Submittal of the attached applications and accompanying documents is required 25 days prior to the Plan Commission meeting at which the applications will be considered. The Plan Commission meets on the first Thursday of every month. The following checklist is designed to assist applicants in the application process described in the attached codes and ordinances.

ARB Application

Architectural Review Board approval is required for all additions and new buildings located in commercial, industrial, park and recreation, walkable hamlet, multi-family, and institutional zoning districts. If the project described in the site, building and plan of operation application does not apply to these areas, this section of the application process can be bypassed. Architectural approval is part of the site, building and plan of operation approval process. Approval must be granted by the Architectural Review Board prior to Plan Commission review. The Architectural Review Board meets on the third Wednesday of every month. See the Planning and Zoning Administrator regarding application submission deadlines.

In addition to the below application, Architectural Review Board applications must include the following supporting documents:

- Architectural scale, view direction, and floor identifier
- Height dimensions and maximum height
- Floor plan dimensions
- A table, chart or schedule of exterior building materials and colors
- Exterior building and/or roof mounted lighting fixtures, utilities and equipment
- Samples of building materials

4128 Hubertus Rd Hubertus, WI 53033 Village Hall - 262.628.2260 Fax - 262.628.2984	BUSINESS PLAN OF OPERATION APPLICATION VILLAGE OF RICHFIELD	Permit No.
		Parcel/Tax Key No. 034800C

NAME OF PROPOSED BUSINESS: Kwik Trip existing	SUITE #:
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Owner's/Operator's Name: (Please print) Kwik Trip Inc	Mailing Address City State Zip 1626 Oak St La Crosse WI 54603	Phone #: 608-793-5551
	Email Address cnutini@kwiktrip.com	Other

Tenant's Name: (Please Print) Same as owner	Mailing Address City State Zip	Phone #:
	Email Address	Other

DESCRIPTION OF BUSINESS OPERATION: Kwik Trip Fuel Station

TYPE OF BUSINESS: Please check the appropriate box for type:	Description: _____
<input checked="" type="checkbox"/> Retail - Vehicle Fuel Station <input type="checkbox"/> Wholesale <input type="checkbox"/> Office <input type="checkbox"/> Institutional <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Other: _____ <input type="checkbox"/> Industrial	<u>Kwik Trip Fuel Station</u>

NEW USE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EXPANSION OF EXISTING USE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OTHER: _____
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HOURS OF OPERATION: Mon-Fri: <u>24-7</u> Sat, Sun: <u>24-7</u>	DAYS OF OPERATION: <u>24-7</u> Mon Tue Wed Thu Fri Sat Sun
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MAXIMUM # OF EMPLOYEES: 30	# of Full Time: <u>20</u> # of Part Time: <u>15</u>	CURRENT ZONING: B-4
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EXPECTED CUSTOMERS PER DAY: 1,270	NUMBER OF TRUCKS PER DAY: _____ NUMBER OF AUTOS PER DAY: <u>1,270</u>
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PARKING	STORAGE
# of Available Parking/Parking Lot Spaces: <u>46 passenger, 47 semi</u> # of Loading Spaces: <u>1 delivery west of building</u> Overnight Parking: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where: <u>North semit lot</u>	Storage Yes <input type="checkbox"/> (No) Types of Storage: _____

SPECIAL EQUIPMENT/FACILITIES/REQUIREMENTS Yes No If so, What? _____

Applicant's Signature: See next page	Applicant's Name (Printed):	Date Signed:
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Property Owner's Signature:	Property Owner's Name (Printed):	Date Signed:
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APPROVAL CONDITIONS	Applicant is responsible to obtain any licenses, permits, certificates or other documents from other agencies of Village Departments. For example: Cigarette and Alcoholic Beverage Licenses must be obtained from the Village Clerk and Building Permits from the Building Inspector. Also, Occupancy of the premises requires approval of this application.
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FOR VILLAGE STAFF ONLY

Date Submitted for Review: _____

Approved by Village Staff: _____

SPECIAL REQUIREMENTS/COMMENTS: _____ Date: _____

Project Description: _____

Project consists of 2,584 SF building addition to the north side of the existing Kwik Trip building with relocated waste enclosure and associated site improvements.

Type of Building Materials: (Bring Samples to Meeting) _____

Building materials to remain consistent with the existing brick facade and metal roofing system.

Building Colors: Building materials to remain consistent with the existing exterior.

Property Owner Affidavit

I (we) attest that I am (we are) the owner(s) of the property which is the subject of this application in the Village of Richfield, Washington County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and any other documents and materials, are honest and true to the best of my (our) knowledge.

Further, I (we) as owner(s) acknowledge and accept the responsibility for any and all fees charged or costs incurred by the Village of Richfield to carry out the processing and review of this application; I (we) further acknowledge and understand that I (we) will be required to start an escrow account to which all processing and review costs will be charged; I (we) further acknowledge that in the event that the initial fee is not sufficient to cover all the costs associated with processing and reviewing the application I (we) will be required to provide the Village of Richfield an additional deposit; I (we) further acknowledge that the balance of any remaining fees shall be refunded within a reasonable amount of time after this application has been processed or withdrawn;

Further I (we) as owner(s) of the subject property authorize and direct the authorized agent(s) identified above to act as my (our) representative(s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf;

Further I (we) as owner(s) of the property subject of this application and authorized agent(s) understand that this application and all required forms and information must be accurately completed, as determined by the Planning and Zoning Administrator for the Village of Richfield, before a meeting and/or public hearing (if required) can be scheduled.

Kwik Trip Inc.

Print Name of Owner(s)

Signature of Owner(s)

Chris Nutini

Name of Agents(s)

The foregoing instrument was sworn to and acknowledged before me

this _____ day of _____, _____

Notary Signature

Print Notary Signature

Commission Expires