

Note: No request for re-zoning will be placed on the agenda without the signature of the property owner(s).

Village of Bellevue
2828 Allouez Ave.
Bellevue, WI 54311

Please attach the following items: 3 copies of detailed Site Plan, and Plat Map or Certified Survey Map

Complete for Commercial/Industrial Zoning Approval and Conditional Use requests

Owner/contact person: \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
Business Name: \_\_\_\_\_

- 1. Parcel Number(s) \_\_\_\_\_
2. Property Address \_\_\_\_\_
3. Which of the following uses best describes the nature of the proposed operation
[ ] Retail [ ] Wholesale [ ] Manufacturing [ ] Industrial [ ] Service
4. Zoning of Property: \_\_\_\_\_
5. Lot Size: Depth \_\_\_\_\_ Width \_\_\_\_\_ Area \_\_\_\_\_
6. Dimensions and Levels of all Buildings:
Dimensions Levels
Building A \_\_\_\_\_
Building B \_\_\_\_\_
Total Floor Area \_\_\_\_\_

- 7. Specific Uses of Property and Buildings:
Building A: \_\_\_\_\_
Building B: \_\_\_\_\_
Outdoor Uses: \_\_\_\_\_

8. What area(s) (in square feet) of the building(s) will be used for:
Table with columns: Building "A", Building "B", Outdoors. Rows: Office, Sales, Service, Manufacturing, Processing, Storage.

Indicate the height of any outside storage: \_\_\_\_\_
Indicate specifically the items to be stored outside: \_\_\_\_\_

Will there be any outside storage of vehicles or trailers? [ ] Yes [ ] No
If yes, describe: \_\_\_\_\_

Will there be any loading docks on site? [ ] Yes [ ] No

9. What products or services do you plan to sell or provide on site, indicate whether this is a retail or wholesale operation, or both: \_\_\_\_\_  
\_\_\_\_\_

10. Will there be any on-site manufacturing or processing?  Yes  No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

11. Number of Employees Expected: \_\_\_\_\_

12. Days & Hours of Operation: \_\_\_\_\_

13. Parking:  
A. Number of Spaces Available: \_\_\_\_\_  
B. Dimensions of Parking Lot: \_\_\_\_\_  
C. Parking Lot Construction: Paved \_\_\_\_\_ Gravel \_\_\_\_\_  
D. Is Employee Parking Included in "Number of Spaces Available?"  Yes  No  
E. Type of Screening:  Fencing  Planting

14. Security Fencing: Is there a need for any special type of security fencing?  
 Yes  No If yes, what type: \_\_\_\_\_

15. Odor, Smoke and Noise: Will there be any odor, smoke or noise resulting from this operation detectable beyond the property lines?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

16. Licenses: Is a Liquor License or any other special license to be obtained from the Village or any State licensing agency?  Yes  No  
If yes, explain \_\_\_\_\_

If your proposed operation will utilize a liquor license, what types of entertainment are you proposing? \_\_\_\_\_

Are you proposing food service?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

17. What provisions are you making for fire protection?  
 Fire Lane  Sprinkler System  Hydrants  Standpipes  None

18. Will your operation involve the discharge of any potentially hazardous chemicals or materials into the sanitary sewer?  Yes  No If yes, please explain and provide list of chemicals: \_\_\_\_\_  
\_\_\_\_\_

19. List below a proposed timetable for the completion of building construction, paving, landscaping, occupancy, etc. \_\_\_\_\_  
\_\_\_\_\_

20. Any other information/details: \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_