

**Zoning Approval for
Change of Occupancy**



2828 Allouez Avenue Green Bay, WI 54311 Application No.
Phone (920) 468-5225 Fax (920) 468-4196 Email aschultz@bellevue-wi.com

Name of Applicant/Contact Person

Name of Contact Person _____

Name of new Firm/Company/Business _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Name of Building Owner

Contact Name _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Note: If more than one owner, please list the names and address information of all owners. Attach additional sheet if necessary.

Site Information

1. Parcel Number(s) B- _____ Zoning of Parcel _____

2. Property Address _____

3. Immediate past or current property use _____

4. Your proposed use _____

5. What area(s)(in square feet) of the structure/unit will be used for the following uses:

Office _____ Manufacturing _____

Sales _____ Processing _____

Service _____ Storage _____

6. Will there be any outside storage? Yes No Height and type of any outside storage?

7. Will there be any outside storage of vehicles, trailers or other equipment? Yes No

If yes, explain. _____

8. What products or services do you plan to sell or provide on this site? Indicate whether this is a retail or wholesale operation, or both: _____

9. Will there be any on-site manufacturing or processing? Yes No

If yes, explain _____

10. Will there be any odor, smoke or noise resulting from this operation detectible beyond the property lines? Yes No If yes, explain _____

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

components of discharge _____

12. Security fencing: Is there a need for site security fencing? Yes No

If yes, where and what type? _____

13. Licenses: Is a Liquor License or any other State or Village license necessary for the operation of this business? 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: _____

14. What fire protection is currently available for this site?

Fire Lane Sprinkler System Hydrants Standpipes None

Do you plan on adding any fire protection? _____

15. Number of employees expected on maximum shift _____

16. Number of customers expected during an ave. business day (defined as a 24 hour period) _____

17. Days and Hours of Business Operation _____

18. Parking:

A. Is parking available on site? Yes No

B. Number of Spaces Available: _____

C. Number of Spaces Required _____

D. Dimensions of Parking Lot: _____

E. Parking Lot Construction: Paved Gravel Striped

F. Is Employee Parking Included in "Number of Spaces Available?" Yes No

G. Type of Screening (if any) fencing plantings/vegetation

19. Will remodeling or alterations be necessary prior to occupying the space? Yes No
If yes, will alterations be done to the interior? Yes No If yes, please explain: _____

Will alterations be done to the exterior? Yes No If yes, please explain: _____

20. Will new signage be installed as part of this project? Yes No

21. What is your anticipated opening date for this occupancy? _____

22. Any other information/details: _____

Note: After review of this application, the Zoning Administrator will determine whether a Site Plan Review is necessary. An in-house/staff review is \$75. A full site plan review by the Village Site Plan Review Commission is \$250. Depending on extent of site changes, a Storm Water Management plan may be necessary.

For office use:
Reviewed by _____ Date _____

Approved Conditionally Approved Denied Fee _____

Conditions/Comments: _____
