Town of Port Washington

Town Hall, 3715 Highland Drive, Port Washington, WI 53074
Town Clerk:262- 284-5235 <u>clerk@town.port-washington.wi.us</u>
<u>www.town.port-washington.wi.us</u>

FORM 10: TEMPORARY USE IN THE KNELLSVILLE DISTRICT - §340-11D.

(Must conform to the allowed uses within §340-28, M-1 Industrial District)

To be submitted with Standard Application Form

SUPPLEMENTAL REQUIREMENTS

Please carefully read the General Instructions of Form 1 for submitted information and process. In addition to Form 1, **the following must be submitted for a conditional use permit:**

- 1. This Form 10 with required information (#2 through 6 below) <u>and</u> completed checklist (page 2).
- 2. Proper fees as described on Form 1.
- 3. Written Plan of Operations, including a description of the nature of the business, hours of operation, anticipated number of employees, anticipated amount of customer visits, the amount and location of the on-site parking spaces available to the business, the type of equipment used in the business, any building alterations, such as exterior painting and any additional information to explain the business to the Plan Commission.
- 4. A list of all property owners and addresses within 500 feet of the proposal.
- 5. An extended action form may be needed to allow for a positive action on the plat (please discuss with Town Clerk or Town Planner if needed).
- 6. Any deed restrictions (12 copies).

Submitted materials must be consistent with the Town of Port Washington Zoning and Subdivision Ordinance, particularly Section 340-11D., and all other pertinent sections of Town Ordinances, State Statutes, Ozaukee County shoreland rules, the Town Land Use Plan and proper planning and land division practices. The Town shall not place any items on the agenda for Plan Commission first or second consideration until it has been verified that the application is complete in accordance with all requirements of Town ordinances and those specified in this and other application forms. In the case of a Temporary Use Permit the submitted date, for the purposes of Zoning Ordinance Section 340-144, is the date that the entire application packet is completed (as dated by Town official on page 2).

The complete application packet, including the entire required number of copies, must be submitted at least 14 days prior to the Plan Commission meeting, at which the item will be heard. Resubmittal of revised plans may constitute a new submittal for timeframe purposes.

I understand the Town policies as stated herein.

Date	Signature of Applicant(s)

	Completed by Applica	nnt
Date Submitted	Date of Plan Commission	Signature of Staff Member
SUBMITTED: (To be completed by applicant	t: Check each individual blank as infor	rmation is confirmed. If not applicable, mark N/A.)
Standard Application and Additional Ro	equired Information sheet (Forms 1	and 10)
Names and addresses of the applicant(s), o record within 500 feet.	owner(s) of the site, architect, profession	nal engineer, contractor, and all property owners of
Description of Site ☐ Tax key(s) of the subject site ☐ Address of the subject site ☐ Copies of any deed restrictions (14 copi ☐ Description of all existing structure(s), ☐ Existing use of all structure(s) or the sit ☐ Off-street parking, loading areas, and di ☐ Zoning district within which the subject	including type, size, and approximate a te riveways, including number of parking	
Plan of Operations Description of the nature of the propose Planned hours of operation Number of employees Anticipated amount of customer visits Number and location of on-site parking Type of equipment used in the business Proposed use of the structure(s) or site Description of any proposed alterations Miscellaneous Any other information necessary to exp	s spaces available to the proposed busings to the structure(s) or site (include conc	cept drawing if structural alterations)

Property Owners and Addresses within 500 Feet						
Property Owner	Property Address	Tax Key				

	rchitect – if applicable			
Name				
Company				
Address	City	State	Zip	
Daytime Phone ()	Fax ()	Fax ()		
Cell	Email	Email		
	l l			
	onal Engineer – if applicable			
Name				
Company				
Address	City	State	Zip	
Daytime Phone ()	Fax ()	Fax ()		
	, ,			
Cell	Email tered Surveyor – if applicable			
Cell	Email			
Cell Regist Name	Email			
Cell Regist Name	Email	State	Zip	
Cell Regist Name Company	Email tered Surveyor – if applicable	State	Zip	
Cell Regist Name Company Address	Email tered Surveyor – if applicable City	State	Zip	
Cell Regist Name Company Address Daytime Phone ()	Email tered Surveyor – if applicable City Fax ()	State	Zip	
Cell Regist Name Company Address Daytime Phone () Cell	Email tered Surveyor – if applicable City Fax ()	State	Zip	
Cell Regist Name Company Address Daytime Phone () Cell	Email City Fax () Email	State	Zip	
Cell Regist Name Company Address Daytime Phone () Cell	Email City Fax () Email	State	Zip	
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