

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE  
PLANNING AND ZONING DIVISION

515 W. Moreland Blvd. Room AC230 Waukesha, Wisconsin 53188 (262) 548-7790  
Email [pod@waukeshacounty.gov](mailto:pod@waukeshacounty.gov) Website [www.waukeshacounty.gov/planningandzoning](http://www.waukeshacounty.gov/planningandzoning)

**SITE PLAN/PLAN OF OPERATION APPLICATION SUBMITTAL FORM**

*Prior to an Application for a Site Plan/Plan of Operation being considered complete for review purposes, the following information must be submitted with the application. Refer to the [Checklist](#) for more detail.*

*\*Electronic submittals only shall be sent via email to [pod@waukeshacounty.gov](mailto:pod@waukeshacounty.gov). No external devices such as thumb drives, CD's, etc. may be submitted and will be returned due to County IT policies. If you are not able to submit items electronically, you may drop off items with the receptionist in Room AC260 (address above), but this is a drop off service only and you may be unable to meet with the POD. Please indicate to whose attention your items are for. If not known, label them c/o Planning and Zoning Division/POD. The items are distributed for assignment daily.*

*\*\*To assist with electronic submittals for a Site Plan/Plan of Operation, a fillable application has been developed for your use and submittal. Please note: The form must be saved ('save as') to your local desktop before filling in the application or the form you complete will not be saved and you will have to start over.*

A complete Site Plan/Plan of Operation form (link provided above) with owner signature or a complete [Landowner Authorization Form](#), submitted electronically\*.

Fee (see *Fee Schedule* at <https://www.waukeshacounty.gov/landandparks/planning-and-zoning/division-fees/>). A Planner will provide you with an Invoice Number upon receipt of a complete application. You must then call the receptionist at 262.548.7790 to pay by credit card or you may pay by check (payable to the Department) at the above address and include a note that states the payment is for a Site Plan/Plan of Operation application along with the owners' name. *Note: The application will not be processed or reviewed until payment is received.*

One (1) electronic\* *scaled* Plat of Survey (stamped by PLS) or accurate Site Plan of the property drawn to *scale*. The map shall be up to date and detailed and include, but not be limited to, the following, as *applicable* to the request, also submitted to scale:

- Location and centerline of all road rights-of-way and access easements.
- Lot dimensions and area.
- Ordinary High Water Mark and Floodplain locations and elevations.
- Wetland and Environmental Corridor/Isolated Natural Resource Area locations.
- Location and dimensions of all existing *and* proposed structures on the lot *and* their uses.
- Location of existing/proposed wells & septic systems on the lot unless served by public water &/or sewer.
- Parking/Loading plan
- Signage plan
- Lighting plan
- Landscape plan, Screening/Fencing plan
- Dumpster plan
- Outdoor Storage and/or Outdoor Uses
- Manure Management plan
- Pier plan (delineate location and length of all piers, delineate mooring spaces, etc.)
- Exterior Seating plan
- Stormwater Plan
- Grading Plan
- Additional features may be required to be shown in accordance with the Zoning Ordinance.

One (1) electronic\* set of *scaled* Building Plans of *all* buildings, including the following, as *applicable* to the request:

- Elevation renderings of *all* sides of the proposed structure.
- Interior floor plan of *all* levels of the existing and proposed structures showing the *specific* existing *and* proposed uses of the interior spaces, the interior seating plan, and the square footage of each floor.
- State Approved Building Plans.

Preliminary Site Evaluation (PSE) or Sanitary Permit Number issued by the Waukesha County Environmental Health Division (EHD), unless served by public sewer, as *applicable*. The PSE or Sanitary Permit application can be applied for with the EHD at 262-896-8300 or [sod@waukeshacounty.gov](mailto:sod@waukeshacounty.gov), and can be reviewed concurrently.

*Note: Approval by the Environmental Health Division is required prior to the issuance of a Use Permit for the Site Plan/Plan of Operation, unless the EHD states otherwise or unless the property is served by public sewer.*

A list of all items sold or produced on the site, as *applicable*; a copy of the current menu, as *applicable*. Copies of all local, State, and/or Federal licenses/permits, including a Restaurant License, as *applicable*.

Western Lakes Fire Dept. approval or other Fire Dept. approval, as *applicable*; and Town PC approval.

- List of any chemicals, toxic or hazardous waste or solvents, or flammable materials stored on the site *and* how they are disposed of or Chemical Storage and Disposal Plan, as *applicable*

Zoning Permit Application, *if applicable*, submitted electronically\*.

County DPW Highway Access Permit, *if applicable*.

*An incomplete application or inaccurate information will cause a delay in the review and/or denial of the request. Upon review, additional items may be required (all items must be submitted electronically\*). A site inspection is required.*

For Office Use Only: Submittal Requirements Complete/Electronic Files Dated/Stored    POD Initials \_\_\_\_\_ Date \_\_\_\_\_

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**Site Plan and Plan of Operation Application Form**

Fee Pd. \$ \_\_\_\_\_ ATF Y/N: \_\_\_\_ Receipt No.: \_\_\_\_\_ Staff initials receiving appl: \_\_\_\_\_

SPPO File No. \_\_\_\_\_ Permit No. \_\_\_\_\_

*(Area above to be completed by the Planning and Zoning Staff)*

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Please complete this fillable form and attach the following:

- Site Plan (an overlay on a plat of survey is preferred)
- Additional plans and information as detailed on the *Submittal Form*
- The *Checklist* may also be consulted for additional detail.
- All items shall be *electronically submitted* to [pod@waukeshacounty.gov](mailto:pod@waukeshacounty.gov), and upon review of the information, additional items may be required.
- Plans must be *to scale*.
- Complete all application form requirements to expedite the approval process.
- Future revisions to the approved Site Plan/Plan of Operation will require new permits/approvals.

**1. Name of Business Operation:** \_\_\_\_\_

**Address of Operation, incl. unit no(s):**

**Business Phone No.:** \_\_\_\_\_

**2. Tax Key No(s).** \_\_\_\_\_

**3. Property Owner Name:** \_\_\_\_\_

**Owner Mailing Address:**

**Owner Phone No.:** \_\_\_\_\_

**Owner Email Address:** \_\_\_\_\_

**4. Name of Business Operator:** \_\_\_\_\_

**Address where information should be sent, if different from the Business Address listed in No. 1 above:**

**Business Operator Phone No:** \_\_\_\_\_

**Business Operator Email:** \_\_\_\_\_

**5. Request for (check all that apply and then refer to the Submittal Form and Checklist for additional requirements/detail):**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Site Plan       | <input type="checkbox"/> New Building/Addition/Remodel  | <input type="checkbox"/> New Owner/Operator       |
| <input type="checkbox"/> Signage                    | <input type="checkbox"/> Off-Street Parking and Loading | <input type="checkbox"/> Lighting                 |
| <input type="checkbox"/> Commercial Boarding        | <input type="checkbox"/> Piers/Docks/Moorings           | <input type="checkbox"/> Food and Bar Service     |
| <input type="checkbox"/> Expansion in/Change in Use | <input type="checkbox"/> Storage (int/ext)              | <input type="checkbox"/> Special Events (int/ext) |
| <input type="checkbox"/> Other (specify) _____      |   |   |

*In the T/Oconomowoc only, for new businesses/Major Modifications (new additions, complete remodels, etc.), the PZD will forward the application to the T/Ocon but you must apply separately with the Town. Minor Modifications (signage, minor remodeling, etc.) are a PZD Staff review and we will notify the T/Ocon Planner of our decision.*

**Describe in detail the specific existing and proposed use(s) on the property:**

Be sure to include any temporary, accessory, outdoor uses, etc. *List the square footage of all uses. Provide a separate list of all items sold or produced on the property.* You may attach additional documents.

Existing use(s): \_\_\_\_\_

Proposed use(s): \_\_\_\_\_

**6. How many employees, including yourself, will be working at this location:**

No. Full Time \_\_\_\_\_ No. Part Time \_\_\_\_\_ No. Seasonal (specify when) \_\_\_\_\_

Is this a change from the current approved no. of employees? Yes No

**7. Proposed days and specific hours of operation: \_\_\_\_\_**

Is this a change from the current approved days/hours of operation? Yes No

**8. Are any changes to the site proposed? Yes No**

If yes, delineate *any and all* changes on the Site Plan submitted.

**9. Is any interior remodeling proposed? Yes No**

If yes, delineate any changes on the Interior Floor Plan submitted. A separate permit and/or State Approved Building Plans (submit electronically) may be required.

**10. No. of parking spaces existing on the site? \_\_\_\_\_ No. of accessible spaces? \_\_\_\_\_**

**Number of anticipated maximum parking spaces needed for the operation (include employees, customers, vehicles, tenants, required accessible spaces, etc.)? \_\_\_\_\_**

**Number of loading docks? \_\_\_\_\_ No. of required spaces (staff enters, \*see p. 5)? \_\_\_\_\_**

Provide a Site Plan/Parking Plan. Also describe the *specific* types of business-related vehicles and equipment parked/stored outdoors on the site (numbers, sizes, etc. - you may attach additional documents).

**Are any changes to the parking or loading on the site proposed?**

Yes No If yes, delineate any changes on the Site Plan submitted.

**11. Will there be outdoor storage on the site? Yes No**

If yes, delineate on the Site Plan submitted and list what *specific* types of items will be stored outdoors on the site (number, sizes, etc. - you may attach additional documents).

**12. Are any changes to the lighting on the site proposed?** Yes No  
If yes, delineate any changes on the Site Plan/Lighting Plan submitted *and* submit elevation renderings/catalog cut sheets.

**13. Are any changes to the landscaping on the site proposed?** Yes No  
If yes, delineate any changes on the Site Plan/Landscaping Plan submitted.

**14. Are any special events proposed with this use?** Yes No  
Special events include, but are not limited to, holiday events, special music events, fundraisers, pub crawls, rally's, etc. Please also include if your operation will be hosting sports leagues (volleyball, horseshoes, bags, bocce ball, etc.). If yes to any of the above or other, *describe* the types of events, days/hours of each event, number of persons, additional parking accommodations, sanitary facilities, music, signage, security, food and alcohol served, fencing, etc., and *delineate* the locations of the events on the Site Plan/Interior Floor Plan submitted. You may attach additional documents.

**15. Will there be music or other types of entertainment on site?** Yes No  
If yes, type(s): live amplified recorded jukebox other (describe other)

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indoors outdoors both **List the days and hours music will be provided:**

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**16. How many arcade/video/gaming machines does your operation have?** \_\_\_\_\_

**17. Existing signage (check *all* that apply, show on Site Plan and *describe in detail below*):**

wall free standing ground mobile projecting window banner  
electronic message (not allowed in the DOD) flag sandwich board other (describe other)

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*Describe* if the *existing* signs above are illuminated or not, single or double sided, and list the number, size and height of *all existing* signs. You may attach additional documents.

**Are any changes to the existing signage on the site proposed?** Yes No  
If yes, delineate any changes on the Site Plan/Signage Plan submitted *and* submit scaled renderings.

**Proposed signage (check *all* that apply and *describe in detail below*):**

wall free standing ground mobile projecting window banner  
electronic message (not allowed in the DOD) flag sandwich board other (describe other)

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*Describe* if the *proposed* signs are illuminated (provide cut sheets) or not, single/double sided, and list the number, size and height of *all proposed* signs. You may attach additional documents.

**18. How will the dumpsters/waste containers be screened from public view?**  
Delineate on the Site Plan/Waste Disposal Plan submitted.

**Gated Enclosure      Fencing      Vegetation      Other**

**19. Site served by:**    **sewer**    **septic system—type:**    Conv    HT    Mound

Has a Sanitary Permit/PSE been obtained for this project?    Yes    No    NA

If yes, provide a Sanitary Permit number or date of PSE approval \_\_\_\_\_

If no, contact the County EHD at (262) 896-8300, or visit Room AC260.

If NA per EHD, check box  and provide SOD name and date \_\_\_\_\_

**20. Will there be food service?**    Yes    No

If yes, provide an *interior and exterior seating plan* on the Interior Floor Plan and/or Site Plan and contact the County EHD at (262) 896-8300 or at [sod@waukeshacounty.gov](mailto:sod@waukeshacounty.gov) for a *Restaurant License*. Provide a *copy of the menu* if this is a new business *or* if the current menu is changing.

**21. Will there be bar service?**    Yes    No

If yes, provide an *interior and exterior bar seating plan* on the Interior Floor Plan/Site Plan and contact the Town Hall for a *Liquor License*.

**22. Has a building inspection been completed for this current proposal?**

Yes    No    If no, please contact the Town Building Inspector for a building inspection.

**23. Has a fire inspection been completed for this current proposal?**

Yes    No

If no, please contact the Fire Inspector for your area for a fire inspection, if he/she requires one.

Note: Western Lakes Fire Dept. requires an inspection *prior to any* SPPO approval.

**24. Have you contacted the Town for approval of your project?**    Yes    No

*Note: not applicable in the Town of Oconomowoc for Minor Modifications.*

Anticipated Town meeting date \_\_\_\_\_ Upon approval by the Town, please have the Town forward their decision to the County Planning and Zoning Division ([pod@waukeshacounty.gov](mailto:pod@waukeshacounty.gov)) so we can move forward with our review process (*not applicable in the T/Oconomowoc for Minor Modifications*).

**NOTES/ADDITIONAL INFORMATION:**

The undersigned owner hereby certifies that *all* of the above information and attachments (Site Plan/Plat of Survey, Building Plans, Interior Floor Plans, and supplemental plans and information) are true and accurate to the best of his or her knowledge and belief, and that he or she has read and understands *all* information on this application form. The use of the property shall be carried out *as approved/conditioned in the permit*, and *all* applicable ordinances and/or codes of the state, county, and town shall be complied with in carrying out the use as approved/conditioned. *If any changes are made from this approval/permit, a revised approval/permit is required.* Failure to comply with the approval as permitted will result in *revocation and/or other penalties.* By signing this form, the owner or his/her authorized agent is giving their *consent* for the Department of Parks and Land Use to inspect the site even if the property has been posted against trespassing pursuant to Wis. Stat.; and serves as your *acceptance* of the wetland statement included on your Property Owner letter issued with your permit, as applicable. *Both the owner/authorized agent and operator must sign this application or the applicable authorized agent form.*

Name of Property Owner or Authorized Agent: \_\_\_\_\_

Signature: \_\_\_\_\_

Title or authority if not the property owner: \_\_\_\_\_

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

Name of Business Operator: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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*Area below to be completed by the Planning and Zoning Staff*

*Only upon compliance with any required conditions by the owner, the Zoning Administrator, or his/her designee, will approve/conditionally approve and sign below stating the Site Plan/Plan of Operation complies with Zoning Ordinance(s)/CDPs. The Assigned Planner will then issue a Use Permit referencing compliance with the conditions of approval as listed in the Staff Report and with the approved plans/exhibits.*

Zoning District(s): \_\_\_\_\_ SPO ZC

CU File No./series, if applicable \_\_\_\_\_

Lot Size: Width \_\_\_\_\_ Depth \_\_\_\_\_ Area \_\_\_\_\_

\*Parking spreadsheet updated, if applicable. Yes NA

Most recent SPPO file no. approved \_\_\_\_\_

Reviewed by (Assigned Planner initials): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
*Area below to be completed by the Zoning Administrator*

Does the use comply with *all* of the zoning ordinance regulations *and* the Town and County CDPs?  
Yes No

Zoning Administrator: Approved Conditionally Approved Denied

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