

TOWN OF DELAFIELD

PLAN OF OPERATION REVIEW CHECKLIST

1. Name of Business _____
Address _____
_____ Daytime Phone # _____

2. Name of Owner _____ Name of Operator _____
Address _____ Address _____

3. Legal Description: _____

4. Zoning District: _____

5. Please explain and describe use of property in detail:

6. Dimensions and levels of all buildings (Label on Site Plan.)

	<u>Dimensions</u>	<u>Levels</u>	<u>Use</u>
Building A	_____	_____	_____
Building B	_____	_____	_____
Building C	_____	_____	_____
Total Floor Area	_____		

7. Exterior Uses (Locate on Site Plan)

Outside Storage Yes _____ No _____ Customer Dockage Yes _____ No _____

If yes, please explain type. _____

If yes, locate on site plan, state length of the piers and the number.

Outside Events Yes _____ No _____ Boat Moorings Yes _____ No _____

If yes, please explain. _____

If yes, please state number and locate the moorings, location and length of the piers on the site plan.

8. Maximum number of employees Full-time _____ Part-time _____

9. Days of Operation _____

Hours of Operation _____

10. Parking (Locate on Site Plan)

A. Number of spaces _____

B. Dimensions of Parking Lot _____

C. Construction Paved _____ Gravel _____ Grass _____

D. Employee Parking _____

E. Screening: _____ Fencing: _____ Plantings: _____

11. Outdoor Lighting (Locate on Site Plan)

Type _____ Location _____

12. Signs (Locate on Site Plan)

Free Standing Number _____ Number attached to Building _____

Size _____ Size _____

Lighted Yes _____ No _____ Lighted Yes _____ No _____

Single or Double Faced _____ Single or Double Faced _____

Location _____ Location _____

13. Is there any food or bar service? Yes _____ No _____

If yes _____

Table Seating Capacity _____ Bar Seats _____

Outside Food Service _____ (Locate on Interior or Exterior Site Plan)

14. Is there any type of music played outdoors? Yes _____ No _____

15. Refuse Disposal (Locate Dumpster and Screening Type on Site Plan)

	Public _____		Private _____		
16.	Is Highway Access Permit needed?	Yes _____	No _____		
	Date issued _____				
17.	Is Security Fencing necessary? (If yes, locate on Site Plan)	Yes _____	No _____		
	Type of Fencing _____				
18.	Septic System location designated on site plan?	_____			
19.	Please address odor, smoke or noise resulting from this operation.	_____			

20.	Surface water drainage facilities (Designate storm water retention, flow of surface water, amount of impervious surfaces on site plan)				
21.	Is this an expansion of an existing operation?	Yes _____	No _____		
	If yes, are there currently any permits under other names other than that which are indicated on this application?				

22.	Does this operation involve the sale of any items?	Yes _____	No _____		
23.	Does this operation involve the production of any items?	Yes _____	No _____		
	If yes, please attach a detailed description of the production process.				
24.	Are there any chemicals, hazardous wastes or solvents stored on the site and how are they disposed of:	Yes _____	No _____		
	If yes, explain. _____				

25. Does this operation involve the storage or sale of gasoline or other petroleum products? Yes _____ No _____

If yes, explain. _____

26. Does this operation involve the boarding of horses? Yes _____ No _____

If yes, please indicate the maximum number of horses boarded. _____

Maximum number of horses owned by the petitioner. _____

27. Have the premises been inspected by the local fire department? Yes _____ No _____

If yes, when? _____

28. Traffic generation data - Can roads accommodate traffic? _____

