

Town of Port Washington
Town Hall, 3715 Highland Drive, Port Washington, WI 53074
Town Clerk: (262) 284-5235 fax (262) 284-5236
email: clerk@town.port-washington.wi.us

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) and 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)
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Completed by Applicant		
Date Submitted	Date of Plan Commission	Signature of Staff Member
<p>SUBMITTED: <i>(To be completed by applicant: Check each individual blank as information is confirmed. If not applicable, mark N/A.)</i></p> <p><input type="checkbox"/> Standard Application and Additional Required Information sheet (Forms 1 and 10)</p> <p><input type="checkbox"/> Names and addresses of the applicant(s), owner(s) of the site, architect, professional engineer, contractor, and all property owners of record within 500 feet.</p> <p>Description of Site</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tax key(s) of the subject site <input type="checkbox"/> Address of the subject site <input type="checkbox"/> Copies of any deed restrictions (14 copies) <input type="checkbox"/> Description of all existing structure(s), including type, size, and approximate age <input type="checkbox"/> Existing use of all structure(s) or the site <input type="checkbox"/> Off-street parking, loading areas, and driveways, including number of parking spaces <input type="checkbox"/> Zoning district within which the subject site lies <p>Plan of Operations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Description of the nature of the proposed business <input type="checkbox"/> Planned hours of operation <input type="checkbox"/> Number of employees <input type="checkbox"/> Anticipated amount of customer visits <input type="checkbox"/> Number and location of on-site parking spaces available to the proposed business <input type="checkbox"/> Type of equipment used in the business <input type="checkbox"/> Proposed use of the structure(s) or site <input type="checkbox"/> Description of any proposed alterations to the structure(s) or site (include concept drawing if structural alterations) <p>Miscellaneous</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any other information necessary to explain the proposed business and use of the site 		

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

Architect – if applicable			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Professional Engineer – if applicable			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Registered Surveyor – if applicable			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Contractor – if applicable			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		