



## **Business Plan of Operations Submittal Requirements**

1. The Village of Pewaukee utilizes a diligent planning process to guide the development of the Village. The Village provides planning services, code enforcement, and building inspection services through a combination of contracted services (Consulting Planner, Consulting Engineering and Building Inspection Services) and Village staff.
2. All businesses need to complete and return a Business Plan of Operation form which is reviewed by Village staff to determine the proposed use. Including but not limited to:
  - New construction
  - Remodeling
  - Tenant build out
  - Change of occupancy
3. Submit a fully completed application (attached below) along with a digital copy of all attachments you wish to have considered by the Village.
4. Commercial and Industrial businesses are required to complete the City of Brookfield's Notice of Intent to Discharge Wastewater Form as part of the submittal.
5. If necessary, contact the Village Planner ([Contact Information](#)) to discuss your project and determine if a Business Plan of Operation Application is required.



# Business Plan of Operation Application

235 Hickory St, Pewaukee WI 53072- villagehall@villageofpewaukee.gov—262-691-5660

## Office use only:

Zoning Admin Approval: \_\_\_\_\_ Date \_\_\_\_\_

Planner Approval: \_\_\_\_\_ Date \_\_\_\_\_

### BUSINESS & PROPERTY

**Tax Key No.** PWV **FEIN#:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Current Zoning:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_, Pewaukee, WI 53072

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### TENANT INFORMATION

**Tenant Name:** \_\_\_\_\_ **FEIN#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**List any Special Equipment/Facilities/Requirements we need to know about:**

### BUSINESS INFORMATION

**Description of Business:** \_\_\_\_\_

**Type of business:** ☐ Retail ☐ Office ☐ Warehouse/Storage ☐ Industrial ☐ Institutional ☐ Wholesale ☐ Other \_\_\_\_\_

**New Use?** ☐ YES ☐ NO **or Expanded Use?** ☐ YES ☐ NO **Operation Days and Hours:** \_\_\_\_\_

**Maximum Number of Employees:** Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**Expected Customers per Day:** \_\_\_\_\_ **Delivery Trucks per day:** \_\_\_\_\_ **Vehicles per day:** \_\_\_\_\_

**Available Parking Spaces:** \_\_\_\_\_ **Loading Spaces:** \_\_\_\_\_ **Overnight Parking:** ☐ YES ☐ NO

**Outdoor Storage:** ☐ YES ☐ NO - If yes, list type: \_\_\_\_\_

**Sewage Disposal:** Public Sewer ☐ Septic Tank / Storm Water Retention/Detention? ☐ YES ☐ NO

**Water Supply by:** ☐ Public Water ☐ Main ☐ Private Well ☐ Other \_\_\_\_\_

**Solid Wase** ☐ (garbage) Disposal by: \_\_\_\_\_

**List Where any Flammable Substances are stored:** \_\_\_\_\_

### Applicant and Property Owner Signature

\_\_\_\_\_  
**Applicant Signature & Print Name** & **Owner Signature & Print Name** **Date** \_\_\_\_\_

Send to Building Services \_\_\_\_\_ Send to Clerk \_\_\_\_\_ Save to Property File \_\_\_\_\_

Commercial & Industrial businesses are required to fill out the below form. The discharge produced must comply with all conditions of the [City of Brookfield Municipal Code Chapter 13.20](#) at [www.cityofbrookfield.com](http://www.cityofbrookfield.com)

### Notice of Intent to Discharge Wastewater

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_, Pewaukee, WI 53072

Mailing Address: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Description of business:

Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Operation Days and Hours: \_\_\_\_\_ # of Shifts: \_\_\_\_\_

SIC OR NAICS CODE: \_\_\_\_\_

#### Reason for filing survey:

- ☐ Change of occupancy
- ☐ Construction of a new facility
- ☐ Proposing to discharge from a facility where there is currently no discharge or adding a new sewer connection
- ☐ Significantly Altering the volume or characteristics of an existing discharge
- ☐ Applying for reissuance of an existing discharge permit
- ☐ Per request by municipality—discharge ongoing with no expected changes
- ☐ Update previous information

Date when new or altered discharge is expected to begin \_\_\_\_\_

#### Estimated sanitary sewer discharge (report gallons/day):

Current:

Proposed:

Process wastewater \_\_\_\_\_

\_\_\_\_\_

Sanitary wastewater \_\_\_\_\_

\_\_\_\_\_

Cooling water \_\_\_\_\_

\_\_\_\_\_

- Note: A review of quarterly water usage bills may be helpful in assigning flow values. Total gal/day (for all uses) = qtr usage (in 1000 gallons) x 1000/# operating days in qtr. This daily total is then distributed into estimated gal/day of process, sanitary, and/or cooling. Process wastewater is any discharge other than sanitary, non-contact cooling or boiler blowdown water. Sanitary flow may be estimated as 20 gal/day/employee.

Use this space to describe the process that will result in the discharge of commercial/industrial process wastewater:

List chemicals/pollutants expected to be present in your discharge:

Describe any wastewater pretreatment and/or facilities to be used:

List toxic organic compounds (solvents, flammable compounds etc:

How are these toxic organic compounds disposed of:

#### Agreement to Abide

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Comments:

Staff comments: