

**VILLAGE OF SULLIVAN  
PLAN OF OPERATION/SITE PLAN REVIEW**

1. **Name of Business:** \_\_\_\_\_  
Tax Key Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years in Operation: \_\_\_\_\_
2. **Name of Property Owner:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
3. **Name of Business Operator** (if different from Property Owner): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
4. **Zoning of Property:** \_\_\_\_\_
5. **Zoning of Adjacent Properties:**  
N: \_\_\_\_\_ Use of Property to the N: \_\_\_\_\_  
E: \_\_\_\_\_ Use of Property to the E: \_\_\_\_\_  
W: \_\_\_\_\_ Use of Property to the W: \_\_\_\_\_  
S: \_\_\_\_\_ Use of Property to the S: \_\_\_\_\_
6. **Type of Business** (detailed explanation of business): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Specific Use of each Building:** \_\_\_\_\_  
Building A: \_\_\_\_\_  
Building B: \_\_\_\_\_  
Building C: \_\_\_\_\_  
List of chemicals stored on site: \_\_\_\_\_  
\_\_\_\_\_
8. **Maximum Number of Employees:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
9. **Days of Operation:** \_\_\_\_\_
10. **Is this an expansion of an existing operation?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, are there currently any permits under another name, other than those indicated on this application?  
Name(s): \_\_\_\_\_

11. **Parking:**

- A. Number of spaces available: \_\_\_\_\_
- B. Dimensions of parking lot: \_\_\_\_\_
- C. Parking lot construction: Paved \_\_\_\_\_ Gravel \_\_\_\_\_ Grass \_\_\_\_\_
- D. Employee parking included in "Number of spaces available"? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Type of screening: Fencing \_\_\_\_\_ Plantings \_\_\_\_\_

12. **Will there be any outdoor storage located on-site?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where will it be located?: \_\_\_\_\_  
What type of items will be stored?: \_\_\_\_\_  
Will it be screened from public view?: \_\_\_\_\_

13. **Where will refuse containers be located?** Inside \_\_\_\_\_ Outdoors \_\_\_\_\_

If outdoors, how will it be screened? \_\_\_\_\_

14. **Building/Property Signs:**

Type: Free Standing \_\_\_\_\_ Attached to Building \_\_\_\_\_  
Lighted \_\_\_\_\_ Mobile \_\_\_\_\_  
Single Faced \_\_\_\_\_ Double Faced \_\_\_\_\_  
Size: \_\_\_\_\_ Location: \_\_\_\_\_  
Content: \_\_\_\_\_  
Material: \_\_\_\_\_

15. **Outdoor Lighting:** \_\_\_\_\_

Type: \_\_\_\_\_  
Location: \_\_\_\_\_

16. **Is there a deck or patio planned?:** \_\_\_\_\_

If yes, what type? Wood Deck \_\_\_\_\_ Concrete Patio \_\_\_\_\_ Other \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Location: \_\_\_\_\_  
If other, please explain \_\_\_\_\_

17. **Is there a need for any special type of security fence?:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_ What type? \_\_\_\_\_

18. **Are there any food service or vending machines incorporated into this proposal?**

Yes \_\_\_\_\_ No \_\_\_\_\_

19. **Are there any game machines in this proposal?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_ What type? \_\_\_\_\_

20. **Is there any type of music in this proposal?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? Pre-recorded \_\_\_\_\_ Live \_\_\_\_\_  
Days of week: \_\_\_\_\_

21. Is a liquor license or any other special license going to be obtained from the local Village Board or State licensing agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Do you feel there will be any problems such as odor, smoke, noise, light or vibration resulting from this operation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

23. Is a highway access permit needed from the State, County or Village? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has a permit been secured? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Date of approval by the Department of Natural Resources of the well for the proposed use:  
\_\_\_\_\_

25. What type of sanitary facilities are to be installed for the proposed operation?  
\_\_\_\_\_

26. Surface water drainage facilities (describe and/or include on site plan):  
\_\_\_\_\_

27. Date of approval by the Jefferson County Health Department for the existing septic system:  
\_\_\_\_\_

28. Did Wisconsin State Department of Commerce approve building plans? Yes \_\_\_\_\_ No \_\_\_\_\_

29. Any other information/details: \_\_\_\_\_  
\_\_\_\_\_

30. Drivers License Number: \_\_\_\_\_

SUBMIT A DETAILED SITE PLAN WITH DIMENSIONS OF ALL BUILDINGS, PARKING AREAS, LOCATION OF SEPTIC AND WELL, SIGN LOCATIONS AND OTHER PERTINENT DATA WITH ALL APPLICATIONS.

PLEASE SUBMIT 14 COPIES OF THIS PLAN OF OPERATION FORM, INCLUDING SITE PLANS.

\_\_\_\_\_  
(Date of Filing)

\_\_\_\_\_  
(Applicant's Signature)

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**NOTE:** There will be charges associated with this application. Application will be reviewed by WI Building Inspections, LLC. Any engineering reviewed will be done by Ruekert/Mielke, at their hourly rate.