



Business Plan of Operation Application

235 Hickory St, Pewaukee WI 53072- villagehall@villageofpewaukeewi.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 Waste (garbage) Disposal by: _____

List Where any Flammable Substances are stored: _____

Applicant and Property Owner Signature

Applicant Signature & Print Name

&

Owner Signature & Print Name

Date

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](http://www.cityofbrookfield.com) at 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: