

Village of Sullivan
500 Madison Ave, Po Box 6
Sullivan, WI 53178
262.593.2388
clerk@villageofsullivan.com

Business Plan of Operations/Site Plan Review

Business Contact Information

Address of Property in Village _____
Owners Name _____
Owner's Address _____
Owner's Phone Number _____
Owner's Email _____
Contact Person (if different) _____
Contact Person's Address _____
Contact Person's Phone Number _____
Contact Person's Email _____

Business Operation Information

Type of Business (detailed explanation)

Maximum Employees: Full-time _____ Part-Time _____
Days/Times of Operation: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____
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? _____

Property/Building Information

Zoning of Property _____
Zoning of Adjacent Properties and Addresses:
North: _____
East: _____
West: _____
South: _____
Use of All Buildings on Property (be specific)

Refuse Containers location: Inside _____ Outside _____
If outside, how will it be screened? _____

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Outside Storage 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? Yes _____ No _____

Parking:
Number of spaces available _____
Dimensions of parking lot _____
Parking lot construction: Paved _____ Gravel _____ Grass _____
Is employee parking included in spaces available? Yes _____ No _____
Type of screening, if any: Fencing _____ Plants/Trees _____

Outdoor Lighting: Yes _____ No _____
Type: _____
Location of each light:

Signs: (additional permit may be needed) (provide a picture of sign)
Type: Free Standing _____ Attached to building _____ Lighted _____
Mobile _____ Single Faced _____ Double Faced _____
Size: _____ Location: _____
Content on sign: _____
Materials of signage: _____

Deck or Patio Planned?: Yes _____ No _____
If yes, what type? Wood Deck _____ Concrete Patio _____ Other _____
Dimension: _____
Location: _____
If other, please explain _____

Is there a need for any special type of security fence?: Yes _____ No _____
If yes, how many? _____ What Type? _____

Miscellaneous Information

Will there be any food service or vending machines? Yes _____ No _____
Will there be any game machines? Yes _____ No _____ If yes, how many? _____
What type of machines? _____
Will there be any type of music? Yes _____ No _____
If yes, what type? Pre-recorded (jukebox) _____ Live bands _____
What days of the week for live bands? _____
Will there be any sale of alcohol? Yes _____ No _____
Do you think there will be any problems such as order, smoke, noise, light, or vibration
resulting from the business operations? Yes _____ No _____
If yes, explain: _____

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What type of sanitary facilities are to be installed for business operations, if necessary?

Surface water drainage facilities (describe and include on site plan, if required)

Did Wisconsin Department of Commerce approve the building plans? (If required)

Yes ___ No ___ N/A ___

Is a highway access permit needed from the State, County, or Village? Yes ___ No ___

If yes, has a permit been issued? Yes ___ No ___

Date of approval by the Jefferson County Health Department for the existing septic system (if required): _____

Remember to include the following with your application:

___ Copy of Driver's License

___ Site Plan to include dimensions of all buildings, parking areas, location of well & septic (if there is one), sign locations

___ Pictures of proposed signs

___ Fee- \$50.00 for application and \$150.00 for Plan Commission Meeting

You may submit your application by mail or email to the Village Clerk.

Applicant's Signature

Date

Note: There may be charges associated with this application. Applications will be reviewed by WI Inspection Agency. If there is any need for the Village engineer or attorney to review the application the cost will be invoiced to the applicant for the company's hourly rate.

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For Office Use Only

Application Received _____

Clerk/Treasurer Signature _____

Building Inspector's Signature _____

Date of Plan Commission Meeting _____ Did it pass Plan Commission? _____

Date of Village Board Meeting _____ Did it pass the Village Board? _____

Any restriction/s approved by the Plan Commission/Village Board?

