

**VILLAGE OF PALMYRA
PLAN OF OPERATIONS AND OCCUPANCY
PERMIT APPLICATION**

1. Name of Business: _____

Physical Address: _____

Business Phone #: _____

Hours of Operation for

Monday: _____ To _____

Tuesday: _____ To _____

Wednesday: _____ To _____

Thursday: _____ To _____

Friday: _____ To _____

Saturday: _____ To _____

Sunday: _____ To _____

Non Working hours key holders names and telephone numbers:

A: _____ # _____

B: _____ # _____

C: _____ # _____

2. Name of property owner if you are renting: _____

Property owners address: _____

Property owners Phone #: _____

3. Name of business owner: _____

Home Address: _____

Home Phone #: _____

4. Type of business (details explanation of business): _____

5. Drivers License#: _____
6. Current Zoning of Property: _____
7. List **ALL** chemicals stored in **ALL** the buildings and provide MSDS sheets for **ALL!**
- Building A: _____
- Building B: _____
- Building C: _____
8. Specific use of property and buildings:
- Building A: _____
- Building B: _____
- Building C: _____
9. Maximum number of employees: _____
- Full Time: _____ Part Time: _____
10. Parking:
- A. Number of spaces available: _____
- B. Dimensions of parking lot: _____
- C. Parking lot construction: Paved: _____ Gravel/Grass _____
- D. Is employee parking included in “number of spaces available?”
Yes _____ No _____
- E. Type of screening: Fencing: _____ Plantings: _____
11. Outdoor Lighting:
- Type: _____
- Location: _____
12. Signs: Yes _____ No _____ Has permit been issued? Yes _____ No _____
- Type: Free Standing _____ Attached to building _____ Lighted _____
Mobile _____ Single or double faced _____
Size _____ Location _____

13. Is there any food service or vending machines incorporated in this proposal?
Yes _____ No _____ If yes, how many? _____

14. Is a Highway Access Permit needed from the State, County, or Local Municipality?
Yes _____ No _____
If yes, have you secured a permit? Yes _____ No _____

15. Will there be any odors, smoke, noise, light, or vibrations resulting from this operation?
Yes _____ No _____

16. Did Wisconsin State Department of Industry and Human Relation approve building plans?
Yes _____ No _____

17. Is a Liquor License or any other special license to be obtained from the local municipality or state licensing agency?
Yes _____ No _____

18. Is this an expansion of an existing operation? Yes _____ No _____
If yes, are there currently any permits under other names, other than what is indicated on this application?:

Names: _____

19. Any other information/details: _____

20. Tax Key/Parcel # of Property: _____

21. You must submit 6 copies of this Plan of Operation Form and a check \$25.00

Date Filing _____

Applicant's Signature _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date Received: _____/_____/_____

Application Received By: _____

Plan Commission Date and Time **YOU MUST BE PRESENT:**

Date: _____/_____/_____ Time: _____:_____ PM

Approved for processing by the Village of Palmyra Plan Commission Chairman:

Signature: _____

() Approved () Conditionally Approved

Fire Department Inspector Approval _____ Date _____

Building Inspector Approval _____ Date _____

Occupancy Permit # _____