CITY OF WAUKESHA
DEPARTMENT OF COMMUNITY DEVELOPMENT
City Hall, 201 Delafield Street, Room 200
Waukesha, WI 53188
Phone (262) 524-3750 Fax (262) 524-3751

CONDITIONAL USE PERMIT APPLICATION

This application must accompany a Plan Commission Application along with the required fee.
The Plan Commission may not make a decision on this request if the property owner is not present at the meeting.

DATE: Mar. 12, 2024

☒ NEW APPLICATION ☐ AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

NAME OF PROJECT OR BUSINESS: Central Disposal, Inc.

LOCATION OF USE: 1631 Arcadian Ave.

TYPE OF USE: Waste Transfer Station

Is this a NEW use or is this use being relocated from somewhere else? Relocated

If you are relocating a use, where are you relocating it from? 1631 Arcadian Ave. (Adjacent parcel, subdivided via CSM Jan. 2024, new address pending)

Do you operate a use in other locations? ? (Circle one) YES (NO)

If yes, please explain: _____

Will the use be occupying an existing building or will you be building a new building? EXISTING (NEW)

Hours and days of operation: Mon.-Fri. 7am to 5pm, Sat. 7am-Noon, Closed Sun.

Number of Employees: 5

Number of on-site parking stalls available: 8

Length of permit requested (6 month, 1 year, 2 year, permanent): Permanent

Current zoning: M-1

Is a License required to operate this use? (Circle one) (YES) NO If yes, please attach a copy.

Name of licensing authority: WDNR

Will any hazardous materials be used? No

The following information must be attached to process the permit:

(See Final Plan Commission documents submitted 2/26/24)

- ☐ A site map showing the location of the proposed site.
- ☐ A site plan showing the location of building(s), parking, landscaping, etc.
- ☐ A floor plan of the building showing how it will be used for the proposed use.
- ☐ If an existing building, a photo of the building.
- ☐ If new, complete development plans must be submitted per the development guidelines.
- ☐ If facade changes are proposed, plans must be submitted showing changes.
- ☐ A business plan if there is one; otherwise answer the questions on the back.

Please Note: If approved, this permit will be issued to the applicant only and will not be transferrable. This application will become null and void if required fees and materials are not submitted at time of application. Any physical changes made to the building may require the installation of additional fire protection systems. Please contact the Fire Marshal for further discussion.

Please attach a copy of your Business Plan if you have one. (See note below)

If you do not have written Business Plan or choose not to share it, please answer the following questions:

1. What business will you be in? _____

2. Explain your business' daily operations. _____

3. How will business be managed on a daily basis? _____

4. What are your products or services? _____

5. Will your employees need additional parking? _____

6. Are employees required to have any certification(s)? _____

7. Who is the owner of the building or premises where your business will be conducted? _____

8. If you are not owner of the building or premises where your business will be conducted, do you have a lease agreement with the owner? _____

9. Are there any insurance requirements for your business? _____

10. Will you have property insurance? _____

11. Are there any noise considerations/concerns with your business operations? _____

NOTE:
The subject 4 acre parcel was subdivided from a larger 17 acre parcel via CSM, approved in Jan. 2024. The subject operation was on the 17 acre parcel.

The applicant seeks a New Conditional Use Permit for the operation of a waste transfer facility on this 4 acre site, utilizing a new building to be constructed in Summer 2024, pending Plan Commission approval (currently under consideration for the 3/26/24 Plan Commission meeting).

The applicant seeks a Temporary Conditional Use Permit for continued operation of the current waste transfer facility on the 4 acre parcel until such time that occupancy of the new building is granted.

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

SOLID WASTE FACILITY OPERATION LICENSE

Solid Waste Transfer - Partially exempt (< 50 tons/day)

License Number: 4957

Licensee Name: CENTRAL DISPOSAL IN
Effective Date: October 01, 2023
Expiration Date: September 30, 2024

Facility Information

FID: 268705800

Central Disposal Inc

1631 Arcadian Ave Site C
Waukesha WI 53186-5391
Waukesha County (68)
DNR Region: Southeast Region

This license authorizes the licensee to operate the solid waste facility described above during the term hereof except as modified by the Department. This license is subject to and conditioned upon compliance with the provisions of chapter 289, Wis. Stats., and chapters NR 500-590, Wis. Adm. Code, any plan approval and modifications thereof, and any special order and modifications thereof issued by the Department. Any exemptions from the requirements of chapters NR 500-590, Wis. Adm. Code, issued for the facility are listed above.

FORM: 4400-8 REV: 08/2022