

APR 252018

### City of CITY OF WAUKESHA **PLAN COMMISSION** Waukesha

## **Application for Review**

Na	me of Project: INK GUN CLOTHNG	UC	KINDS WISCONE IN A STOREGUL THE			
	Idress (If no address, location): 916-920 CUI					
Project Description: RETAIL, TANNING & TATTOO						
Applicant information: Name: Howard Gleason  Company Name: INK GUN CLOTHING LLC  Address: 245 SomeRSET GLEN  Phone: 267-893-1642  E-mail: InKgunclothing@Yahoo.com  IMPORTANT: A DIGITAL copy must be submitted with this application (JPG and/or PDF) and include the project location map showing a ½ mile radius, a COLORED landscape plan, COLORED building elevations, and exterior light fixture cut sheets.						
N	TYPE OF REVIEW		<u>Fee</u>			
	Rezoning: Attach <u>COPY</u> of rezoning petition <u>along with fee</u> . Original submitted to City Clerk.	jinal <b>must</b> be	\$350			
	Certified Survey Map	ţa.	\$150 + \$50/lot			
	Plat Review - Plat Reviews are held until next meeting. 9 copies You must also submit 4 to the County and 2 to State.		□ prelim.: \$500 + \$10/lot □ final: \$300 + \$10/lot			
	** Site Plan & Arch. Review - Architectural changes do not need preliminary review.	(Check appropriate box)	☐ <b>prelim</b> .: \$300 + \$15/1000 sq.ft. or res. unit ☐ <b>final</b> : \$200 + \$10/1000 sq.ft. or res. unit			
	** Conditional Use with Site Plan	(Check appropriate box)	☐ <b>prelim</b> .: \$300 + \$15/1000 sq.ft. or res. unit ☐ <b>final</b> : \$200 + \$10/1000 sq.ft. or res. unit			
被	Conditional Use (No Site Plan)		\$200			
	** Airport Hangar Review		\$300			
	Home Industry (Attach info sheet.)		\$100			
	House Move		\$150			
	Street Vacation		\$150			
	Other (specify):	•	\$100			
	** PUD Review		\$400 added to S.P.A.R. fee			
	PUD Amendment	16	\$100			
П	Annexations and/or Attachments - Original must be submitted t	o City Clerk.	No Fee			
	Resubmittal	30 = 3000	\$150			
**	Please attach to this form a Review Checklist if it involve	s an architectural and	d/or site plan review.			
	DEADLINE FOR THE SUBMITTAL IS AT 4:0	00 P.M., 30 DAYS PRIC	OR TO THE MEETING.			

INTERNAL USE ONLY					
Amount Due: \$200 - Check #: 3057 Amount Paid: \$200 - Rec'd By: 1	na				



# 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: 4-25-18
M NEW APPLICATION AMENDMENT TO EXISTING CONDITIONAL USE PERMIT
NAME OF PROJECT OR BUSINESS: INK GUN CLOTHING LCC
LOCATION OF USE: 916-920 CUINTON
TYPE OF USE:
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? DOUSMAN WI
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: <u>Arm - Gam</u>
Number of Employees:
Number of on-site parking stalls available:
Length of permit requested (6 month, 1 year, 2 year, permanent): PERMINNENT
Current zoning:
Is a License required to operate this use? (Circle one) YES NO If yes, please attach a copy.
Name of licensing authority:
Will any hazardous materials be used?
The following information must be attached to process the permit:
$\square$ A site map showing the location of the proposed site.
$\square$ A site plan showing the location of building(s), parking, landscaping, etc.
$\square$ A floor plan of the building showing how it will be used for the proposed use.
$\square$ If an existing building, a photo of the building.
$\square$ If new, complete development plans must be submitted per the development guidelines.
$\square$ If facade changes are proposed, plans must be submitted showing changes.
$\square$ A business plan if there is one; otherwise answer the questions on the back.

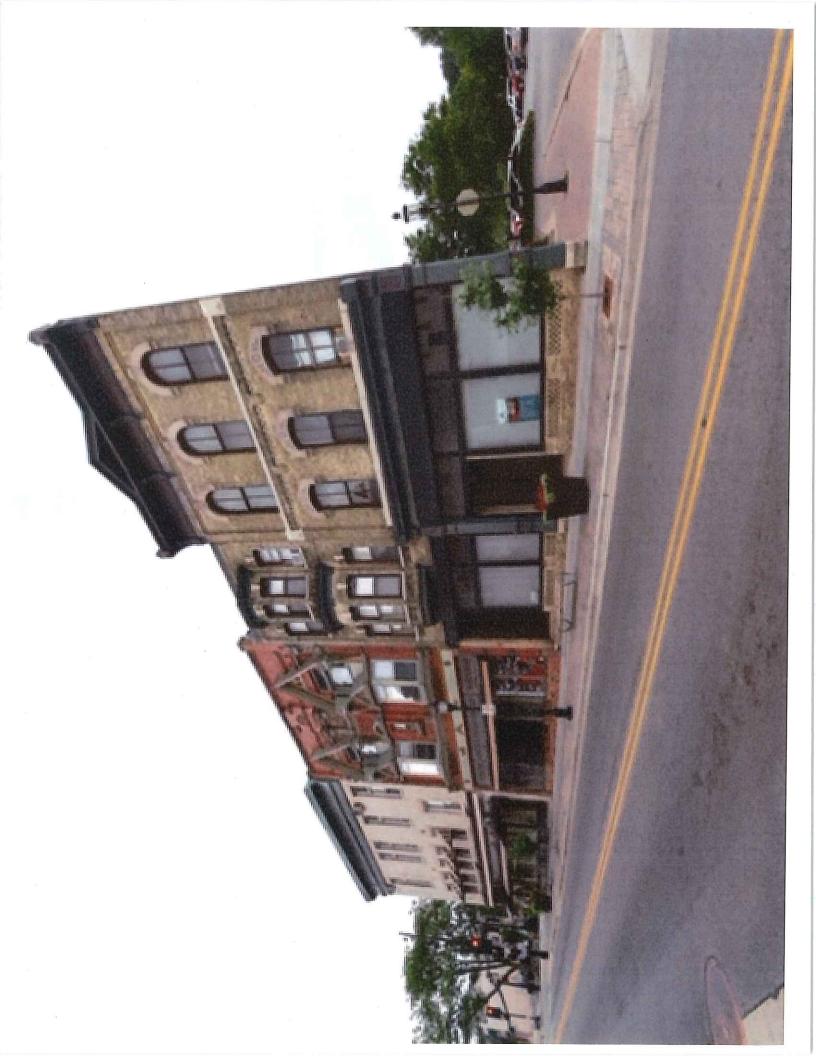
Please Note: If approved, this permit will be issued to the applicant only and will not be transferrable. This application will become null and void if required fees and materials are not submitted at time of application. Any physical changes made to the building may require the installation of additional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

Please attach a copy of your Business Plan if you have one.

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

TANNING, TATTOOING		
Explain your business' daily operations. RETITLE		
How will business be managed on a daily basis? STORE MANAGER, OWNER		
What are your products or services? <u>CLOTHING</u> , <u>ACCESSORIES</u> , THNNING E		
Will your employees need additional parking?		
Are employees required to have any certification(s)? TATTOO PEOPLE ARE CERT.		
Who is the owner of the building or premises where your business will be conducted?		
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?		
Are there any insurance requirements for your business?		
Will you have property insurance? <u>YES</u>		
Are there any noise considerations/concerns with your business operations?		







Legal Description: LOTS 5 & 6 EXC S 8' OF LOT 6 KIMBALL'S PLAT OF SUBOF PT OF MILL RESERVE PT NE1/4 SEC 3 T6N R19E DOCNO 4218934



