

## 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: 12/1/2019  |
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| NEW APPLICATION   AMENDMENT TO EXISTING CONDITIONAL USE PERMIT   |
| NAME OF PROJECT OR BUSINESS: Precision Diagnostics, Inc.   |
| LOCATION OF USE: 1701-11W Pearl Street, Warkesha, WI   |
| TYPE OF USE: A WO THUE DIAGNOSTICS SEANNING  |
| Is this a NEW use or is this use being relocated from somewhere else? New  |
| If you are relocating a use, where are you relocating it from?   |
| Do you operate a use in other locations? ? (Circle one) (YES) NO  If yes, please explain: 3424 Me Allens Way, Madison W1 53718             |
| Will the use be occupying an existing building or will you be building a new building? EXISTING NEW  |
| Hours and days of operation: 7:30 am - 5:30 pm, Monday - Friday  |
| Number of Employees:6  |
| Number of on-site parking stalls available:  |
| Length of permit requested (6 month, 1 year, 2 year, permanent):   |
| 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.   |
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| ☐ If an existing building, a photo of the building.  |
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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.

If you do not have written Business Plan or choose not to share it, please answer the following questions: What business will you be in? Automotive collision sublet work. 1. Our customers are Abra, Caliber, Goff and other independent collision centers. (WE Do Not PERTon Callisia Mig Explain your business' daily operations. We will be working on 5-10 vehicles per day. Vehicles take roughly 4-6 hours to complete. 2. How will business be managed on a daily basis? Owner / operator will be managing 3. business daily. What are your products or services? Stationary advance drivers assist system 4. Calibration, wire horness repair, air bag repair, tire sensor diagnostics, other electronic diagnostic repair and flat bed transportation. diagnostics, other electronic Will your employees need additional parking? 5. Are employees required to have any certification(s)?  $\bot CA$ . 6. Who is the owner of the building or premises where your business will be conducted? 7. Waukesha East Commerce Center, LLC If you are not owner of the building or premises where your business will be conducted, do you 8. have a lease agreement with the owner? Are there any insurance requirements for your business? Yes, liability 9. Will you have property insurance? 10. Are there any noise considerations/concerns with your business operations? 11.

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