



OFFICE USE ONLY

DATE FILED: _____

INITIALS: _____

WDFI page attached (if applicable) _____

Site Plan attached _____

PP TAX DUE: Yes No

NEW VEHICLE FACILITY PERMIT

CLK167 (revised 11/22)

ORDINANCE 13.014

Fee: \$250.00

Expires: January 1, _____

Applicant is (Check all that apply):

- Property Owner Operator of Vehicle Facility

1. Name of Applicant: _____

- Name of Limited Liability Company (LLC), Corporation, Individual or Partnership

(One of the boxes above must be checked)

2. If application is a Limited Liability Company (LLC) or Corporation, is the entity registered with the Wisconsin Department of Financial Institutions (WDFI) and is it in good standing? Yes No **If No, this application cannot be filed.** If Yes, please attach the WDFI page indicating good standing and attach. This can be found at wdfi.org

- Check if attached.

3. Address of Applicant: _____
STREET CITY STATE ZIP

a. If LLC or Corporation, list Registered Agent's Name: _____

4. Phone Number of Applicant: _____ Email: _____
(Correspondence Will Be Via Email If Address Is Given)

5. Business (Trade) Name: _____

6. Business (Trade) Address: _____

7. Contact Person for the Business: _____

a. Relationship of Contact Person to the Applicant: _____

8. Contact Person Phone: _____ Contact Person Email: _____
(Correspondence Will Be Via Email If Address Is Given)

9. An approved Conditional Use Permit is required prior to approval of a New Vehicle Facility Permit. For the New Vehicle Facility Permit, attach the required Site Plan from the Conditional Use Permit to the application.
- Check if attached.

**(Should you have questions regarding the requirements for the Site Plan,
please contact City Development at 262.653.4030)**

10. I understand that the filing of this application gives consent to inspectors to enter on to the premises to conduct inspections in advance of a Permit decision and during the course of a Permit once granted.

Initials

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. The execution of this application authorizes all inspections authorized by 13.014 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

Member/President/Individual/Partner Signature

Date

Print Name

FOR CITY DEVELOPMENT'S USE ONLY

Zoning: _____ Occupancy Permit: _____

Any other zoning permits required:

Variance Conditional Use Other: _____ None

Site Plan Provided? Yes No

PERMIT APPROVED:

Approved Date Approved: _____

PERMIT HAS VIOLATIONS/HOLDS:

Holds/Violations: _____

Date Holds/Violations Corrected: _____

Approved Date Approved: _____

PERMIT DENIED:

Denied Date Applicant Notified of Denial: _____

Reason for Denial: _____

If denied, the Permit Review Authority (City Development) must notify the applicant in writing of the decision and the right of the applicant to appeal the decision pursuant to the procedures in the ordinances.