



THE CITY OF WATERTOWN

Building, Safety and Zoning Department

APPLICATION FOR SITE PLAN REVIEW COMMITTEE

OFFICE USE ONLY

Date: _____

Application Fee: \$300.00
(or \$250.00 for Rehab Plan)

Cash/Check#: _____
Checks are to be made payable to "City of Watertown".

Date of Hearing: _____

Receipt #: _____

Are you a transient merchant doing business from a fixed location?

YES Complete Transient Form

NO

Are you a transient merchant doing business **NOT** from a fixed location?

YES Complete Transient Form

NO

I answered "**NO**" to both questions above.

YES Complete Pages 1, 2, 3

NO

Property & Development Subject to Site Plan Review:

1. All new commercial, industrial, public facility, institutional, office or conditionally permitted use development construction (including site work, infrastructure work, and public facility work) and all external expansion of existing commercial, industrial, public facility, institutional, office or conditionally permitted use development where the principal proposed use of the new building area equals or exceeds 1,000 square feet, or the value of the construction exceeds \$25,000.
2. Any change of land use.
3. All new residential construction of multi-family structures containing 3 or more dwelling units.
4. All Planned Unit Developments proposed under Chapter 550-152 of the Zoning Code.
5. All proposed subdivisions as required by Chapter 545 of the Zoning Code.
6. Any Commercial or Industrial District Property registered as Dangerous, Derelict or Abandoned Structure under Chapter 424.

****PLEASE NOTE** All storm water plans will be reviewed by our consultant and back charged to the applicant via City invoice.**

The following information must be submitted one (1) week prior to any Site Plan Review Committee meeting for staff review and agenda placement. The Site Plan Review Committee meets at 1:30 p.m. on every second & fourth Monday in Room 2044 of the Municipal Building, 106 Jones Street, Watertown, WI 53094. Fee of \$300.00 (\$250 for Rehab Plan) will include up to two (2) visits to the Site Plan Review Committee. Please contact Zoning Administrator Jacob Maas at (920) 262-4041 to schedule a time on the agenda. On larger projects, a meeting with staff maybe required prior to the meeting.

Unless the following box is checked, project plans may be shared with the general public for intellectual purposes only, should the plans be requested via the State of Wisconsin's Open Records Request legislation.

PROJECT/SELLING ADDRESS _____ TODAY'S DATE _____

APPLICANT'S NAME: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

OWNER'S NAME: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

As owner of the above project/sales address, I give permission to the applicant to operate said business from my property.

OWNER SIGNATURE _____

Describe project or operation: _____

This application, as completed, is true and correct and any changes made after approval may require review by Committee.

APPLICANT SIGNATURE _____

Please see Chapter 550-145 of the City of Watertown Ordinances for detailed submittals at www.ci.watertown.wi.us or contact Zoning Administrator Jacob Maas at 920-262-4041 to identify items that need to be provided for Committee review.

- | | | |
|---|---|--|
| <input type="checkbox"/> Three (3) hardcopy sets of plans | <input type="checkbox"/> One (1) digital set of plans | <input type="checkbox"/> Landscape Plan |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Building Elevation & Color | <input type="checkbox"/> Hours of Operations |
| <input type="checkbox"/> Floodplain & Wetlands | <input type="checkbox"/> Grades and Drainage | <input type="checkbox"/> Signage and Placement |
| <input type="checkbox"/> Parking and Traffic Patterns | <input type="checkbox"/> Land Description | <input type="checkbox"/> Property Owner Approval |
| <input type="checkbox"/> Utilities Location | <input type="checkbox"/> Schedule Time Table | <input type="checkbox"/> Site Plan |

Please see Chapter 424-8 of the City of Watertown Ordinances for detailed submittals in regards to Dangerous, Derelict or Abandoned Structures in Commercial or Industrial Districts or contact Zoning Administrator Jacob Maas at 920-262-4041.

- | | | |
|--|--|---|
| <input type="checkbox"/> Legal Description | <input type="checkbox"/> Items to be Repaired (Section 21.28(6)(c)3) | <input type="checkbox"/> Statement of Rehabilitation Work Costs |
| <input type="checkbox"/> Estimated Construction Time | <input type="checkbox"/> Statement of Proposed Future Use | <input type="checkbox"/> Landscape Plan |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Photometric Plan | |

REASON FOR COMMITTEE REVIEW

- | | | |
|---|---|--|
| <input type="checkbox"/> Building Expansion | <input type="checkbox"/> New Commercial Construction | <input type="checkbox"/> New Subdivision Plats |
| <input type="checkbox"/> Land Use Change | <input type="checkbox"/> New Institutional Construction | <input type="checkbox"/> Concept Plan |
| <input type="checkbox"/> New Residential Construction | <input type="checkbox"/> New Industrial Construction | <input type="checkbox"/> Preliminary Plan |
| <input type="checkbox"/> Final Plan | <input type="checkbox"/> Rehabilitation Plan | |

PRECONSTRUCTION SURVEY

Address of property: _____

Owner/Developer: _____

Address: _____ Phone: _____

Submittal date: _____

Parcel zoning existing: _____ Parcel zoning required: _____

Conditional use permit required - YES NO

1. CONFORMANCE WITH MASTER PLAN/OFFICIAL MAP/ZONING MAP

- | | | |
|--|--|------------------------------|
| a) Street and right-of-way width (future streets) | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b) Minimum street design standards | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c) Density-residential units | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d) Storm water drainage | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e) Storm water detention requirements | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f) Sanitary sewer available | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g) Floodplain ordinance/wetlands requirements | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h) Identified recreational use/park | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i) Total layout design (street plan and drainage plan) | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

2. LAND RESOURCES

- | | | |
|---|--|------------------------------|
| a) Change in relief or drainage pattern (show existing drainageways and easements). | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b) A drainageway for five or more acres of land. | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c) Lot coverage of more than 50 percent impermeable surface. | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d) An area around Watertown Airport for height restriction/clear zones. | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

3. TRANSPORTATION AND COMMUNICATIONS

- | | | |
|---|--|------------------------------|
| b) Is the development traversed by an existing or planned utility corridor?
(Sanitary sewer, water, storm sewer, interceptor, gas, electricity, telephone) | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c) Utility easement sufficient for all private and public utilities? (Sewer, water, storm sewer, sidewalk) | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d) Driveway access locations, size relationship to intersections, visibility. | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e) Intersection sight-line visibility at corners and driveways? | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h) Adequate off-street parking for employees and customers? | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i) Adequate off-street truck loading docks or area? | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| j) Is all refuse area screened from public view? | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l) Is wastewater pretreatment required? | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| m) Sampling manhole required? | YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

4. RECYCLING PLAN

a) How will Act 335 impact the solid waste recycling at this facility? _____

5. Chapter 550, City of Watertown Zoning Code. If this building is a new use, extended or enlarged use or new construction, please review the following Zoning Code Articles, which can be found on the City of Watertown web site at www.ci.watertown.wi.us

- a. Article III Density and intensity
- b. Article VI Landscaping
- c. Article VII Performance standards

6.

a) According to the Wisconsin Enrolled code, what is the use and occupancy classification of this building?

b) According to Safety and Buildings, what is the building classification?

IA IB IIA IIB IIIA IIIB IV VA VB

c) Hazardous materials used, stored, etc., in building (company to comply with SARA Title III). Regarding MSDS, Fire Department shall have all MSDS prior to starting up of operations. YES NO N/A

d) Do the submitted plans show all fire partitions, fire barriers, and fire walls required by Wisconsin Enrolled Code? YES NO N/A

e) If this is a change of use of an existing building or a new building, does Chapter 9 of the Wisconsin Enrolled Code require a fire protection system? YES NO N/A

f) If yes to question above, has the FDC & FACP location been approved by the Building & Safety Department? YES NO N/A

g) Fire flow required in gallons per minute (ISO) _____ GPMs.

h) What are your future construction plans, if any? _____

Comments: _____

Reviewed by: _____ Date: _____

Copy submitted to secretary of Site Plan Review Committee by: _____

Date: _____

Revised March 2016