

**TOWN OF VERNON  
SITE PLAN AND PLAN OF OPERATION**

**NOTE: Shaded & boxed questions are to be indicated on the Site Plan.**

1. Tax Key Number: \_\_\_\_\_
2. Daytime Phone Number: \_\_\_\_\_
3. Business: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
4. Owner: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
5. Operator: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
6. Legal Description: \_\_\_\_\_
7. Lot Size:
  - a. Depth: \_\_\_\_\_
  - b. Width: \_\_\_\_\_
  - c. Acres: \_\_\_\_\_
  - d. Zoning: \_\_\_\_\_
8. **Dimensions and Levels of All Buildings.**
  - a. Building A:
    - i. Dimensions: \_\_\_\_\_
    - ii. Levels: \_\_\_\_\_
    - iii. Use: \_\_\_\_\_
  - b. Building B:
    - i. Dimensions: \_\_\_\_\_
    - ii. Levels: \_\_\_\_\_
    - iii. Use: \_\_\_\_\_
  - c. Building C:
    - i. Dimensions: \_\_\_\_\_
    - ii. Levels: \_\_\_\_\_
    - iii. Use: \_\_\_\_\_
  - d. Total Floor Area: \_\_\_\_\_
9. **Exterior Uses:** \_\_\_\_\_
10. Outside Storage: \_\_\_\_\_

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Please Explain: \_\_\_\_\_

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11. **Customer Dockage:**

a. **Yes:** \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Locate On Site Plan, State Length And Number Of Piers

12. **Outside Events:**

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Please Explain: \_\_\_\_\_

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13. **Maximum Number Of Employees:**

a. Full-Time: \_\_\_\_\_

b. Part-Time: \_\_\_\_\_

14. **Days & Hours Of Operation:** \_\_\_\_\_

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15. **Parking:**

a. Number Of Spaces: \_\_\_\_\_

b. Employee Parking: \_\_\_\_\_

c. Dimensions Of Parking Lot: \_\_\_\_\_

d. Construction:

i. Paved: \_\_\_\_\_

ii. Gravel: \_\_\_\_\_

iii. Grass: \_\_\_\_\_

16. **Outdoor Lighting: (SUBMIT CUT-SHEET)**

a. Type: \_\_\_\_\_

b. Location: \_\_\_\_\_

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17. **Signs:**

a. Free Standing Number: \_\_\_\_\_

b. Size: \_\_\_\_\_

c. Lighted:

i. Yes: \_\_\_\_\_

ii. No: \_\_\_\_\_

d. Location: \_\_\_\_\_

e. Single Facing: \_\_\_\_\_

f. Double Facing: \_\_\_\_\_

g. Number Attached To Building: \_\_\_\_\_

h. Size: \_\_\_\_\_

i. Lighted:

i. Yes: \_\_\_\_\_

ii. No: \_\_\_\_\_

j. Location: \_\_\_\_\_

k. Single Facing: \_\_\_\_\_

l. Double Facing: \_\_\_\_\_

18. Is There Any Food or Bar Service?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

c. Vending Machine Number: \_\_\_\_\_

d. Table Seating Capacity: \_\_\_\_\_

e. Bar Seats: \_\_\_\_\_

19. **Outside Food Service: (PLEASE SUBMIT INTERIOR PLAN)**

20. Are There Game Machines?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

c. How Many: \_\_\_\_\_

d. Type: \_\_\_\_\_

21. Is There Any Type Of Music?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_  
i. If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

c. Juke Box:  
i. Yes: \_\_\_\_\_  
ii. No: \_\_\_\_\_  
1. If Yes, Where: \_\_\_\_\_  
\_\_\_\_\_

d. Live:  
i. Yes: \_\_\_\_\_  
ii. No: \_\_\_\_\_  
1. If Yes, Where: \_\_\_\_\_  
2. Days & Hours: \_\_\_\_\_  
\_\_\_\_\_

e. Non-Amp Live:  
i. Yes: \_\_\_\_\_  
ii. No: \_\_\_\_\_  
1. If Yes, Where: \_\_\_\_\_  
\_\_\_\_\_

22. **Refuge Disposal:**

a. Public: \_\_\_\_\_  
b. Private: \_\_\_\_\_

23. **Is Highway Access Permit Needed?**

a. Yes: \_\_\_\_\_  
b. No: \_\_\_\_\_  
i. If Yes, Date Issued: \_\_\_\_\_

24. **Is Security Fencing Necessary?**

a. **Yes:** \_\_\_\_\_  
b. No: \_\_\_\_\_

25. **Date Of DNR Well Approval:** \_\_\_\_\_

26. **Date Of Septic System Approval:** \_\_\_\_\_
27. Are Any Problems Such As Odor, Smoke, Or Noise Resulting From This Operation?  
a. Yes: \_\_\_\_\_  
b. No: \_\_\_\_\_  
i. If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_
28. **Surface Water Drainage Facilities.**  
a. **Storm Water Retention, Flow of Surface Water, and Amount of Impervious Surfaces.**
29. Is There A Liquor License Or Any Other Special License To Be Obtained From The Local Own Board Or State Licensing Agencies?  
a. Yes: \_\_\_\_\_  
b. No: \_\_\_\_\_  
i. If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_
30. Did The Wisconsin State Department Of Industry, Labor, And Human Relations Approve Building Plans?  
a. Yes: \_\_\_\_\_  
b. No: \_\_\_\_\_  
i. If Yes, When? \_\_\_\_\_  
\_\_\_\_\_
31. Is This An Expansion Of An Existing Operation?  
a. Yes: \_\_\_\_\_  
b. No: \_\_\_\_\_  
i. If Yes, Are There Currently Any Permits Under Other Names Other Than That Which Are Indicated On This Application?  
1. Yes: \_\_\_\_\_  
2. No: \_\_\_\_\_
32. Does This Operation Involve The Sale Of Any Items?  
a. Yes: \_\_\_\_\_  
b. No: \_\_\_\_\_  
i. If Yes, Please Submit A List Of All Items Sold.

33. Does This Operation Involve The Production Of Any Items?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Please Attach A Detailed Description Of The Production Process.

34. Are There Any Chemicals, Hazardous Waste Or Solvents Stored On The Site?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, What Type? \_\_\_\_\_

\_\_\_\_\_

ii. How Are They Disposed Of? \_\_\_\_\_

\_\_\_\_\_

35. Does This Operation Involve The Storage/Sale Of Gasoline Or Any Other Petroleum Products?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

36. Does This Operation Involve The Boarding Of Horses?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, Maximum Number Of Horses Boarded? \_\_\_\_\_

ii. Maximum Number of Horses Owned? \_\_\_\_\_

37. If This Plan Of Operation Is For A Boarding Stable, Has A Conservation Plan Been Prepared By The Land Conservation Committee?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

38. Have the Premises Been Inspected By the Local Fire Department?

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

i. If Yes, When? \_\_\_\_\_

\_\_\_\_\_

**Town of Vernon Site Plan/Plan of Operation**

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***Along with the completion of this form a scaled plan of the interior of the structure and a site plan must be submitted indicating size and location of all existing and proposed structures and additions, dimensions of the parcel, location of all parking stalls, location and size of all signs, lights, dumpsters, fencing and screening, surface water drainage patterns and storm water retention facilities, outside seating and location of any special outdoor activities, piers, and any other items requested by the Town and County for this operation.***

**Operator Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Owner Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Town Approval Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**County Approval Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_