

CITY OF BERLIN, WISCONSIN

APPLICATION FOR SITE PLAN REVIEW

****Pre-Plan meetings required with Community Development Director, 920-361-5156****

PROJECT NAME: _____

PROPERTY LOCATION/ADDRESS: _____

PARCEL NO(S): _____

CURRENT ZONING OF PROPERTY: _____

PROPOSED USE(S) (e.g., industrial, institutional, multifamily, office, retail):

PROPOSED GROSS FLOOR AREA:

APPLICANT/DEVELOPER: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ E-Mail: _____

PROPERTY OWNER: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ E-Mail: _____

Engineer/Surveyor: _____ Phone: _____

Number of shifts _____ and maximum number of employees per shift _____

Days and Hours of operation

Frequency of deliveries to site and type of vehicles that will deliver

Anticipated maximum number of facility users and visitors at one time

Describe proposed signage (type, number, size, lighting, location, existing or new, etc.)

Describe the noise, odors, glare, dust, potential fire hazard, or smoke resulting from the proposed use.

List the timetable for completion of building construction or interior construction and the anticipated opening date

The Site Plan Review Checklist shall be submitted with this application.

If the applicant is not the property owner, the following authorization by the owner shall be completed.

PROPERTY OWNER

APPLICANT

Print Name: _____

Print Name: _____

****Expenses incurred over \$500 for review of site plan will be billed back to the developer****

(For Office Use Only)

Date Filed: _____