

# CITY OF BERLIN, WISCONSIN

## APPLICATION FOR SITE PLAN REVIEW

**\*\*Pre-Plan meetings required with Planning and Development Director, 920-361-5156\*\***

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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\*\***

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*(For Office Use Only)*

Date Filed: \_\_\_\_\_