



Master Conceptual Plan Application

(Commercial and Industrial Development)

Community Development Department

9915 39th Avenue

Pleasant Prairie, WI 53158

Phone: 262.925.6717

Email: communitydevelopment@pleasantprairiewi.gov

GENERAL INFORMATION

Development Name	
Property Location/Address	
Tax Parcel Number(s)	
Current Zoning District(s)	
Proposed Zoning District(s)	
Developed in Phases	<input type="checkbox"/> Yes, if yes, how many phases are proposed
	<input type="checkbox"/> No
Projected Start Date	Projected Completion Date
Detailed Description of Proposed Project and Use included with this Application	

DEVELOPMENT AREA INFORMATION

	Gross development area (ac.)	Proposed Number of Lots	
sq. ft.		Proposed Number of Buildings	
	Gross development area	sq. ft.	
	Wetland area to remain		Wetland area to be filled
	Floodplain area to remain		Floodplain area to be filled
	Other environmental areas to remain		Other environmental areas to be filled

PUBLIC FACILITIES INFORMATION (check all that apply)

<input type="checkbox"/>	The properties are currently serviced by municipal public sanitary sewer
<input type="checkbox"/>	The property are currently serviced by municipal public water

PROPOSED INFORMATION PER SITE AND/OR PRINCIPAL BUILDINGComplete this sheet for each site in the Development. **AND/OR**

Complete this sheet for each principal building if the site is proposed to have more than one principal building.

Describe proposed buildings and uses:

Building # (as referenced on the site plan)		
	Site area (acres)	
	Total building area (sq. ft.)	Building height (ft.)
	Number of regular parking spaces	
	Number of handicapped accessible parking spaces	
	Number of semi-truck parking spaces (not including positions behind dock doors)	
	Total number of parking spaces	
	Total number of dock doors	
	Impervious area (sq. ft.)	% of impervious area
	Open Space/Landscape area	% of open space area
Describe any accessory buildings proposed on site associated with this principal building:		

ANTICIPATED VEHICLE TRIPS

	Average daily automobile trips (to and from)
	Maximum daily automobile trips (to and from)
	Average daily truck trips (to and from)
	Maximum daily truck trips (to and from)

EMPLOYMENT INFORMATION FOR DEVELOPMENT

	Proposed full-time employees to be added with this proposed project
	Proposed part-time employees to be added with this proposed project

OCCUPANCY TYPE-FOR ANY PROPERTY ZONED MANUFACTURING

Occupancy Type pursuant to the Use and Occupancy Classification specified in Chapter 3 of the 2006 International Building Code (2006 IBC). Include all that apply and associate square footage for each classification:			
<input type="checkbox"/>	Factory Group F-1 moderate-hazard		sq.ft
<input type="checkbox"/>	Factory Group F-2 low-hazard		sq.ft
<input type="checkbox"/>	Storage Group S-1 moderate-hazard		sq.ft
<input type="checkbox"/>	Storage Group S-2 low-hazard		sq.ft
<input type="checkbox"/>	Business Group B		sq.ft
<input type="checkbox"/>	High-Hazard Group H		sq.ft
<input type="checkbox"/>	Other		sq.ft

MINIMUM SUBMITTAL REQUIREMENTS (Provide 3 full size plan sets and a pdf of all documents)

<input type="checkbox"/>	Detailed and Dimensioned Site Plan (Site and Building Numbers shall match this application)
<input type="checkbox"/>	Conceptual Engineering Plans (topography with all environmental features and utility system layout)
<input type="checkbox"/>	Phasing Plan (if applicable)
<input type="checkbox"/>	Conceptual Building and Floor Plans
<input type="checkbox"/>	Conceptual Landscape and Open Space Plan

The Village may require additional information be submitted to ensure that all Village requirements and ordinances are being met. Two or more plans may be combined, provided that all of the information submitted on the combined plan is clearly legible, but in no case shall the combined plans fail to show any of the information required for each individual plan.

REQUIRED SIGNATURES

I hereby certify that all the above statements and all attachments submitted with this application are true and correct to the best of my knowledge.

PROPERTY OWNER	APPLICANT
Print Owners Name	Company Name
Print Name of Signatory	Print Name of Signatory
Signature	Signature
Mailing Address	Mailing Address
City/State/ZIP	City/State/ZIP
Phone	Phone
Email	Email
Date	Date