



**PROCEDURE FOR SITE PLAN,  
PLAN OF OPERATION &/OR SIGNAGE**

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1. **PROPERTY OWNER** (or representative) should contact the Town Clerk to make a Planner's Appointment. The Planner, Administrator and Clerk will review the proposed project and give direction on what is needed to complete the application process, as well as deadline dates to meet. Forms will be given at this meeting, but they can also be found online at [www.townoflisbonwi.com\169\Permits-Forms-Applications](http://www.townoflisbonwi.com\169\Permits-Forms-Applications)
2. **PROPERTY OWNER** (or representative) completes the application form(s) and provides the Town Clerk with one completed packet with signatures. Hard copy or PDF please; PDF preferred. Also, please bring a check for the application fee made payable to the Town of Lisbon.
3. **PROPERTY OWNER** (or representative) attends the Plan Commission meeting. If you or your representative are not present, the Plan Commission may postpone your item to the following month's agenda.
4. **PLAN COMMISSION** reviews application and facts presented at Plan Commission meeting and takes action.





W234 N8676 WOODSIDE RD.  
LISBON, WI 53089-1545  
TEL: (262) 246-6100

# Plan Commission Application

## Application Type and Fee (check all that apply)

\*Application fees are non-refundable. Fees cover costs associated with public notification, postage, copies, and document recording, however applicants agree to pay all additional expenses that the Town may incur by virtue of contracted plan review services including but not limited to: legal, surveying and engineering costs and studies.

- Commercial**  
*\*All commercial projects including any change of occupancy, change of use, or construction/alteration must be submitted to the Lisbon Fire Department as well for review and inspections.*
- Residential** – Home-Based Bus. / In-Law Unit

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Accessory Building Waiver: \$100<br/>(Size/Location/Architectural Review)</li> <li><input type="checkbox"/> After the Fact Application: Double Fees</li> <li><input type="checkbox"/> Certified Survey Map: \$200 + \$10 Per lot             <ul style="list-style-type: none"> <li><input type="checkbox"/> Dedication Fee (Per lot): \$2,658<br/>(Paid upon receipt of signed CSM)</li> </ul> </li> <li><input type="checkbox"/> Conditional Use Permit: \$350             <ul style="list-style-type: none"> <li><input type="checkbox"/> Amendment / Original</li> <li><input type="checkbox"/> Major Grading Permit</li> </ul> </li> <li><input type="checkbox"/> Deed Restriction: \$100</li> <li><input type="checkbox"/> Developer's Agreement: \$250</li> <li><input type="checkbox"/> Groundwater Separation Waiver: \$100</li> <li><input type="checkbox"/> Land Use Amendment: \$300</li> <li><input type="checkbox"/> Conceptual: \$100</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Plat Review:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Final - \$200</li> <li><input type="checkbox"/> Preliminary - \$500</li> </ul> </li> <li><input type="checkbox"/> Re-Submittal: \$200</li> <li><input type="checkbox"/> Rezone: \$350</li> <li><input type="checkbox"/> Sign Permit Application: \$30 + Sign Fees<br/>(See Adopted Fee Schedule)</li> <li><input type="checkbox"/> Site Plan/Plan of Operation:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Amendment: \$250</li> <li><input type="checkbox"/> Original: \$500</li> <li><input type="checkbox"/> Temporary: \$125</li> </ul> </li> <li><input type="checkbox"/> Special Meeting: \$600</li> <li><input type="checkbox"/> Waivers/Modification from Land Division and<br/>Development Ordinance: \$200</li> </ul> |
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## Property Information

Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tax Key/Parcel ID # \_\_\_\_\_ Lot Size \_\_\_\_\_ Current Zoning \_\_\_\_\_

## Property Owner

\_\_\_\_\_  
Name / Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone E-mail Address

## Applicant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone E-Mail Address

**A complete application** along with the appropriate fees shall be submitted by the deadline stated on the meeting schedule. In order for an application to be considered **complete**, the application shall include the required number of site plans/maps, and all of the necessary supporting information as indicated on the Project Review Checklist. If applying for a conditional use or development agreement, a document showing vested interest in the property is required. ***The Town of Lisbon reserves the right not to accept an application that is deemed incomplete.***





**PROFESSIONAL SERVICE REIMBURSEMENT FEES:**

Pursuant to the Town of Lisbon Municipal Code Section 1.14, the Town of Lisbon Town Board has made a determination that whenever the services of the Town Planner, Town Engineer, Town Attorney, or any other of the Town's professional staff results in a charge to the Town for that professional's time and services, and such service is not a service supplied to the Town as a whole, the Town Treasurer shall charge one hundred and five percent of the cost of that service for the fees incurred by the Town to the property owner incurring those fees even if the request is not approved. The additional five percent cost above the cost of the service is levied to cover Town administrative charges. Also, pursuant to the Town of Lisbon Municipal Code Section 1.14, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved. Imposition of any fees, costs, or charges, however, is subject to the property owner's appeal rights as described in the Town of Lisbon Municipal Code Section 1.14

The undersigned, have been advised that, pursuant to the Town of Lisbon Municipal Code Section 1.14, if the Town Planner, Town Engineer, Town Attorney, or any other Town professional provides services to the Town because of my/our activities, whether at my/our request or at the request of the Town, I/we shall be responsible for the fees incurred by the Town. In addition, I/we have been advised that pursuant to the Town of Lisbon Municipal Code Section 1.14, certain other fees, costs, and charges are my/our responsibility even if my/our request is not approved. By signing this document, I am not waiving my/our appeal rights that are described in the Town of Lisbon Municipal Code Section 1.14.

Statements will be sent monthly so you are kept up to date regarding your current charges.

**RESPONSIBLE PARTY, NAME, MAILING ADDRESS, SIGNATURE & DATE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROJECT NAME** \_\_\_\_\_



**SITE INSPECTION NOTIFICATION:**

The Town of Lisbon Town Plan Commission and Town Board request permission of the property owner or responsible party to enter the subject property, between the hours of 9am to 5pm or upon prior 24 hour notice, for a site inspection prior to any scheduled Plan Commission or Board meeting. The site inspection will allow the Town Plan Commission and Town Board to make more informed decisions with respect to the requested application.

I, the undersigned, have been advised that my signature grants permission to members of the Town Plan Commission and Town Board to conduct site inspections of the subject property. Failure to authorize said site inspection will not be held against the property owner or responsible party in the decision of the requested application; however, the site inspection does allow the Town Plan Commission and Town Board to make more informed decisions.

**RESPONSIBLE PARTY, NAME, MAILING ADDRESS, SIGNATURE & DATE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Town Official Accepting Form

\_\_\_\_\_  
Date



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LISBON, WI 53089-1545  
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# Project Review Checklist

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**Prior to the Plan Commission submittal deadline the property owner or applicant presents a site plan prepared with the information below to the Deputy Clerk at the Town Hall. The submittal material is reviewed and if appropriate, discussed at the next regularly scheduled Plan Commission meeting.**

*The information below is a required minimum and the other materials may be requested of the applicant during the review process.*

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- 1) A statement describing the general character of the intended development and including the property address, tax key number and correct legal description. General items to include in the statement are: hours of operation, number of employees, traffic patterns, parking requirements, trash removal, etc.
- 2) An accurate map (site plan) of the project area. The site plan should be professionally prepared by a licensed architect, surveyor and/or engineer, with accurate dimensions indicating the property size, its relationship to surrounding properties, existing topography, key natural features and show the location of all existing and proposed:
  - A. Structures, showing all entrances
  - B. Driveways & street access
  - C. Parking areas
  - D. Walkways
  - E. Existing landscaping
  - F. Abutting public and private streets
  - G. Public easements
  - H. Surrounding land uses and zoning
  - I. Retaining walls
  - J. Decorative accessories
  - K. Dumpster location and screening
  - L. Location, color, message, dimensions and materials of all signs
  - M. Location, size and character of dedicated or private open space
  - N. Location of sanitary sewer, storm sewer, water mains and services and stormwater detention facilities
  - O. Floor plan of building or addition
- 3) Stormwater management plan.
- 4) Grading plan showing existing and finished grades to Town datum.
- 5) Professionally prepared landscape plan.
- 6) Lighting plan; photometric plan, type of fixtures, wattage and location and height of lighting structures.
- 7) Topographic data or pertinent grade elevations, if necessary, for proper remodeling of existing buildings showing finished exterior treatment.
- 8) Colored elevations of proposed buildings, structures and fencing, or of proposed remodeling of existing buildings, showing finished exterior treatment and a listing of building materials.
- 9) Names, address, telephone number, fax number and email address of the owner(s) and/or agent to be contacted with regard to the application.
- 10) Proof of ownership or agent status.





W234N8676 WOODSIDE RD. • LISBON, WI 53089-1545 • TEL: (262) 246-6100 • FAX: (262) 820-2023  
E-mail: [townhall@townoflisbonwi.com](mailto:townhall@townoflisbonwi.com) • Website: [www.townoflisbonwi.com](http://www.townoflisbonwi.com)

## SITE PLAN AND PLAN OF OPERATION

Please fill out the entire application all questions need a response. If something does not apply please put N/A. Incomplete applications will not be processed or put on the agenda. The completion of this application form must be accompanied by one copy of an up to date and detailed Site Plan drawn to scale and including, but shall not be limited to, all existing buildings, signage, lighting, landscaping, parking, loading, storage, dumpsters, septic and well, etc; an interior layout (plans) of all buildings and the existing and proposed uses of the interior spaces (i.e., office, retail, restaurant, etc); and any other supporting materials. The above shall be submitted to the Town Hall, and upon review of the information, additional items may be required. The plans shall be drawn to scale and shall be no larger than 11" x 17", and shall also be emailed as a PDF. Future revisions to the approved Site Plan/Plan of Operation will require new approvals.

- New business in existing building or on existing site       New Owner       Temporary Use  
 Change in Operations (summarize below what is changing; days/hours, etc)

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- Change in Use (summarize below prior and new use below)

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### BUSINESS / PROPERTY OWNER & PROPERTY INFORMATION

Tax Key Number \_\_\_\_\_ Acres \_\_\_\_\_ Zoning \_\_\_\_\_

Business Name & Contact Person: \_\_\_\_\_

Full Address (include City & Zip): \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

\*\*\*\*\*

Property Owner Name: \_\_\_\_\_

Full Address (include City & Zip): \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

1. Is this business replacing another business?  Yes  No

a. If yes, what is the prior business' name: \_\_\_\_\_

2. Is this an expansion of an existing Town approved/based operation?  Yes  No

a. If yes, please explain: \_\_\_\_\_

**HOURS OF OPERATION & OPERATING SPECIFICS**

3. Describe in detail below the specific type of business operation (Retail, Restaurant, Manufacturing, Office, etc.), including temporary, accessory, and outdoor uses (storage, etc). Provide a separate list of all items sold or produced on the property. If items are produced, please provide a separate explanation of the production process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Days & Times of Operation:

a. Days & Times: \_\_\_\_\_

5. Employees (if self-employed please count yourself)

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

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

**FOOD / BEVERAGE / LIQUOR**

6. Is there any food & beverage / liquor service?  Yes  No

a. If yes, please explain: \_\_\_\_\_

**7. Table Seating Capacity**

- a. Outside: \_\_\_\_\_
- b. Inside: \_\_\_\_\_
- c. Bar: \_\_\_\_\_

**8. Food / Soda Vending Machines**  Yes  No

- a. If yes, quantity of each: \_\_\_\_\_

**OUTDOOR USES**

**9. Is there any outdoor storage?**  Yes  No

- a. If yes, please explain: \_\_\_\_\_

**10. Will there be any outdoor events?**  Yes  No

- a. If yes, please describe the types of events, parking accommodations, sanitary facilities and delineate the locations of the events on the Site Plan submitted. Attach a separate sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Will there be any customer dockage?**  Yes  No

- a. If yes, please indicate on the Site Plan length and number of piers.

**12. Parking Lot**

- a. Dimensions \_\_\_\_\_
- b. Total number of spaces \_\_\_\_\_
- c. Number of spaces allotted for employees \_\_\_\_\_

**MUSIC / ENTERTAINMENT**

13. Are any problems such as odor, smoke or noise resulting from this operation?  Yes  No

a. If yes, describe what types (live, amplified, recorded, jukebox, etc), indoors and/or outdoors, and the days and hours music will be provided? Attach a separate sheet if necessary.

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14. Game Machines  Yes  No

a. Quantity: \_\_\_\_\_

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

**BUILDINGS**

15. Building A

a. Dimensions & Levels: \_\_\_\_\_

b. Use: \_\_\_\_\_

16. Building B

a. Dimensions & Levels: \_\_\_\_\_

b. Use: \_\_\_\_\_

17. Building C

a. Dimensions & Levels: \_\_\_\_\_

b. Use: \_\_\_\_\_

**LIGHTING (Submit Cut-Sheets)**

18. Outdoor Lighting

a. Type(s): \_\_\_\_\_

b. Locations(s): \_\_\_\_\_

**SIGNAGE (Also submit the Town's [Signage Application](#) & appropriate fees)**

19. Describe below the type of signage that exists and what signage is proposed on the site (attached, free standing, ground, mobile, projecting, window, electronic message, banners, flags, sandwich boards, etc.) and if the signs are illuminated, single/double faced, along with the number, size, and height of all signs.

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**CHEMICALS/HAZARDOUS MATERIALS**

20. Are there any Chemicals, Hazardous Waste or Solvents stored on the site?  Yes  No

a. If yes, please list those items and how they are disposed of or attach a separate sheet if necessary.

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21. Does this Operation involve the Storage/Sale of gasoline or any other Petroleum Products?  Yes  No

a. If yes, please list those items and how they are disposed of or attach a separate sheet if necessary.

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**STORM WATER RETENTION, FLOW OF SURFACE WATER, AND AMOUNT OF IMPERVIOUS SURFACES**

22. Are there surface water drainage facilities?  Yes  No

a. If yes, please explain: \_\_\_\_\_

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**REFUSE DISPOSAL**

23. Are there dumpsters/waste containers on the site?  Yes  No

a. If yes, show on the Site Plan submitted the location of dumpsters and any screening.

**PERMIT APPROVAL / ISSUANCE DATES**

24. Is Highway Access Permit Needed?  Yes  No

a. Date Issued: \_\_\_\_\_

25. DNR Well Approval (For New Constructions Only)

a. Date Approved: \_\_\_\_\_

26. Septic System Approval (For New Constructions Only)

a. Date Approved: \_\_\_\_\_

27. Fire Department Inspection  Yes  No

a. Date Inspected: \_\_\_\_\_

28. Did the Wisconsin Department of Safety & Professional Services approve building plans?  Yes  No

a. Date Approved: \_\_\_\_\_

29. Is security fencing necessary?  Yes  No

**HORSE BOARDING**

30. Does this Operation involve the Boarding of Horses?  Yes  No

a. Maximum number of horses boarded: \_\_\_\_\_

b. Maximum number of horses owned: \_\_\_\_\_

31. Has a Conservation Plan been prepared by the Land Conservation Committee?  Yes  No

a. Date Prepared: \_\_\_\_\_

.....  
Town Approval Date(s): \_\_\_\_\_

County Approval Date(s): \_\_\_\_\_