



# PLAN COMMISSION AGENDA APPLICATION

**DEADLINES** - Applications are to be submitted to the Clerk's Office by the following deadlines:

- \* Regular applications are due 15 days prior to the next regularly scheduled Plan Commission meeting.
- \* Public Hearing applications are due 28 days prior to the next regularly scheduled Plan Commission meeting

A complete submittal includes one set of the following documents:

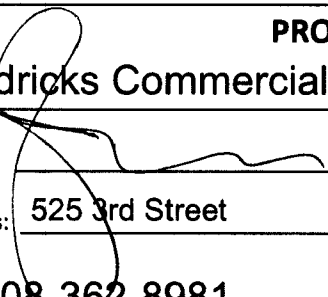
- Completed and signed Plan Commission Agenda Application and Professional Services Reimbursement Form.
- Completed New Business Occupancy Form for the Police Department. (New Businesses only)
- Completed Lake Country Fire and Rescue Department Occupancy Inspection Statement & Invoice (New Businesses only)
- Application fee with check made payable to the City of Delafield.
- Any other documents as requested by the City Planner. *\*NOTE: If submitting plans larger than 11" x 17", please submit one (1) set of full-size plans which shall be folded as well as one reduced size copy.*

Plan Commission meetings are held the last Wednesday of the month at 7PM at City Hall in the Council Chambers unless otherwise noted. Applicants **MUST** be in attendance at the meeting or action **WILL NOT** be taken by the Plan Commission. Please contact City Planner Roger Dupler with any questions regarding this application at 414-949-8914, [rdupler@sehinc.com](mailto:rdupler@sehinc.com).

**~ INCOMPLETE SUBMITTALS WILL NOT BE POSTED TO THE AGENDA ~**

## PROPERTY OWNER INFORMATION

Name: Hendricks Commercial Properties

Signature: 

Mailing Address: 525 3rd Street Beloit Wi 53511

Suite/Unit                      City                      State                      Zip

Phone - Day: 608-362-8981                      Phone - Evening: \_\_\_\_\_

E-Mail Address: jeff.whiteman@geronimohospitalitygroup.com

## APPLICANT INFORMATION

*(Skip if it is the same as above)*

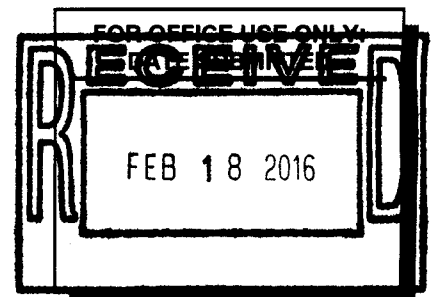
Name: I.d

Mailing Address: 415 GENESEE STREET DELAFIELD WI 53018

Suite/Unit                      City                      State                      Zip

Phone - Day: 262-646-1600                      Phone - Evening: 262-646-1600

E-Mail Address: jeff.whiteman@geronimohospitalitygroup.com



<b><u>TYPE OF REVIEW APPLICANT IS REQUESTING</u></b>		<b><u>FEE</u></b>
<div style="background-color: black; width: 100px; height: 15px; margin: 0 auto;"></div>		
<p><b>BUSINESS PLAN OF OPERATION – NEW BUSINESS – <u>Zoning Code Section 17.33</u></b></p> <p>Tax Key: DELC <u>793 001 001</u> (must be filled in by the applicant)</p> <p>Business Address: <u>415 Genesee Street</u> <u>Delafield</u> <u>53018</u>  <small>Suite/Unit City Zip</small></p> <p>Business Type: <u>Restaurant</u></p> <p>Business Name: <u>I.d.</u></p> <p><input checked="" type="checkbox"/> Number of Employees: # <u>25</u> Part-Time # <u>10</u> Full-Time</p> <p>Proposed Hours of Operation: Weekdays: <u>3:00pm</u> a.m. to <u>midnight</u> p.m.  Saturday: <u>3:00pm</u> a.m. to <u>midnight</u> p.m.  Sunday: <u>10am</u> a.m. to <u>10:00</u> p.m.</p> <p>Prior Tenant: <u>Andrews Restaurant</u> Signage Applied For: YES NO</p>		\$50
<p><b>BUSINESS PLAN OF OPERATION – AMENDMENT – <u>Zoning Code Section 17.33</u></b></p> <p>Tax Key: DELC _____ (must be filled in by the applicant)</p> <p>Business Address: _____  <small>Suite/Unit City Zip</small></p> <p><input type="checkbox"/> Business Name: _____</p> <p>Amending: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Location <input type="checkbox"/> Hours <input type="checkbox"/> Employees <input type="checkbox"/> Use</p> <p>Amending From: _____</p> <p>Amending To: _____</p>		\$50
<p><b>BUSINESS PLAN OF OPERATION – TEMPORARY – <u>Zoning Code Section 17.33</u></b></p> <p>Tax Key: DELC _____ (must be filled in by the applicant)</p> <p>Business Address: _____  <small>Suite/Unit City Zip</small></p> <p><input type="checkbox"/> Business Name: _____</p> <p>Reason for Temporary Business Plan of Operation: _____</p> <p>Date(s) of Operation: _____</p>		\$50



PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT

Pursuant to section 3.16 of the Municipal Code, the undersigned agrees to reimburse the City of Delafield for costs, expenses and fees charged the City of Delafield by the City Attorney, City Engineer, City Planner or other professional consultants retained by the City, and which services relate to the following:

PROJECT NAME: I.d. & DELAFIELD HOTEL

PROJECT ADDRESS: 415 GENESEE ST. DELAFIELD, WI 53018

SEND ALL INVOICES TO: HENDRICKS COMMERCIAL PROPERTIES 525 3RD ST. BELLOIT, WI (NAME & ADDRESS)

TAX KEY NO.: 793.001.001 53511

I represent and warrant to the City that I am authorized to execute this Agreement on behalf of the Applicant and/or Property Owner, and in those cases where the Applicant and/or Property Owner is a corporation, limited liability company, partnership or other business entity (herein collectively "Business Entity"), I represent and warrant that the Business Entity is authorized to do business in the State of Wisconsin, is a Business Entity in good standing, and that I have been authorized to execute and bind the Business Entity to the terms and conditions of this Agreement.

RESPONSIBLE PARTIES OR PARTY

APPLICANT NAME, MAILING ADDRESS, SIGNATURE & DATE:

I.d. Signature (Required) 2/18/2016 Date

415 GENESEE STREET DELAFIELD WI 53018 Mailing Address City State Zip

262-646-1600 262-646-1613 jeff.whiteman@gerwinhospitalitygroup.com Phone Fax E-mail

PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE (If different than that of the Applicant):

Hendricks Commercial Properties Signature (Required) 2/18/2016 Date

525 3RD ST. BELLOIT WI 53511 Mailing Address City State Zip

608-362-8981 jeff.whiteman@gerwinhospitalitygroup.com Phone Fax E-mail

**City of Delafield Police and Fire Departments Occupancy Listing**

Business Name: I.d.  
Address: 415 GENESEE STREET DELAFIELD, WI 53018  
Telephone Number: 262-646-1600 Knox Box:  Yes  No  
Alarm System\*  Yes  No Alarm Company: GUEZKE & ASSOCIATES  
Type of Alarm: \_\_\_\_\_ Alarm Co. Telephone: 262-548-0100  
Hazardous Materials/Conditions:  Yes  No If yes attach additional information

**Building Owner:**

Name: HENDRICKS COMMERCIAL PROPERTIES  
Address: 525 3RD STREET DELAFIELD WI 53011  
Daytime Telephone: 608-362-8981 After Hours Telephone: 608-921-1631  
Cell Telephone: 608-921-1631 Pager: \_\_\_\_\_

**Occupant Owner (Manager):**

Name: JONNA FROELICH  
Address: 415 GENESEE STREET DELAFIELD WI 53018  
Daytime Telephone: 262-646-1600 After Hours Telephone: 847-529-6699  
Cell Telephone: 847-529-6699 Pager: \_\_\_\_\_

**Key-holders in call order: 1) Telephone 2) Pager 3) Cell**

Name: JONNA FROELICH  
1) 262-646-1600 2) \_\_\_\_\_ 3) 847-529-6699

Name: ERIN NEUREUTHER  
1) 262-646-1600 2) \_\_\_\_\_ 3) 608-697-7620

Name: \_\_\_\_\_  
1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

If building is maintained by a Management Company provide their contact information:

Company Name: N/A  
Contact Person: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ After Hours Telephone: \_\_\_\_\_

Any change in information should be reported to the City of Delafield Police Department (262.646.6240 fax 262.646.6242) and the Fire Department (262.646.6235 fax: 262.646.6236).

\* The City of Delafield has adopted an ordinance regulating false alarms. The ordinance is found in Chapter 9 Section 28 of the Municipal Code.



# Lake Country Fire & Rescue

115 Main Street, Delafield, WI 53018

Dear Business Owner:

Welcome to the City of Delafield! We hope your preparation goes smoothly as you prepare to open your business. As representatives of the Lake Country Fire & Rescue, we would like to request that you contact our department to schedule an occupancy inspection prior to the opening of your business.

Lake Country Fire & Rescue is responsible for performing fire inspections twice a year. Beginning in 2015 we have instituted an occupancy inspection program for new business owners to ensure that your new business meets all the fire safety requirements of the City of Delafield and the State of Wisconsin prior to your opening. Our purpose is to ensure you, your staff and customers have a safe place to conduct business. The inspection should not take long and we will make every effort to schedule the inspection at your convenience. Please contact us at 262-646-6235 at least one week prior to the opening of your business to schedule your inspection.

**There is a \$50 fee for this inspection payable to Lake Country Fire & Rescue. Please send a check to Lake Country Fire & Rescue, 115 Main Street, Delafield, WI 53018 or payment by check may be made at the time of inspection.**

Thank you for your cooperation in this matter. Again, we welcome you and wish you much success in your business!

Sincerely,  
The Staff of Lake Country Fire & Rescue

Business Owner: HENDRICKS COMMERCIAL Alt. Contact: I.d.  
Phone: 608-362-8981 <sup>Properties</sup> Alt. Phone: 262-646-1600  
Email Address: JEFF.WHITEMAN@GPRONIMOHOSPITALITYGROUP.COM  
Name of Business: I.d.  
Location: 415 GENESEE STREET DELAFIELD, WI 53018  
Anticipated Date of Opening: APRIL 2016 Check# \_\_\_\_\_

CITY OF DELAFIELD  
CITY OF DELAFIELD  
500 GENESEE ST  
DELAFIELD, WI 53018

Payee: ID  
Date: 2/18/2016 Time: 1:39 PM  
Receipt Number: 00001 / 41458  
Clerk: sj

<u>ITEM REFERENCE</u>	<u>AMOUNT</u>
PCAPP ID BPO	
PC APP FEE	50.00
	<hr/>
	Total: 50.00
	Cash 50.00
	<hr/>
	Change: 0.00

THANK YOU