

Parcel ID # _____

PERMIT # _____

EXPIRATION DATE _____

Oneida County Zoning
P.O. Box 400
Rhineland, WI 54501

ONEIDA COUNTY Sexually Oriented Business Permit Application

Please complete in black or blue

Office Use Only:

Photos to be scanned? Yes No

File name: _____

Check here if this is a permit renewal

Property owner's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -			
Applicant's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -			
<input type="checkbox"/> Check if there is more than one owner and/or applicant. Attach a list of additional owners and/or applicants names, addresses, phone numbers and signatures.			
Name of proposed business:			
Attach applicant's proof of age. Is proof of age attached? <input type="checkbox"/> yes <input type="checkbox"/> no Is applicant 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no			

PROPERTY INFORMATION

Section:	Town:	Range:	Acres:	Property dimensions:
Legal Desc (¼ ¼, Gov't Lot, CSM)				
Subdivision name and Lot #:				
Site address and directions to property:				
Classification: <input type="checkbox"/> adult arcade <input type="checkbox"/> adult bookstore <input type="checkbox"/> adult novelty store <input type="checkbox"/> adult video store <input type="checkbox"/> adult motion picture theater <input type="checkbox"/> adult theater <input type="checkbox"/> escort agencies <input type="checkbox"/> Other: _____				
List all existing & proposed projects on property: <input type="checkbox"/> Residential: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple family <input type="checkbox"/> Mobile home park <input type="checkbox"/> Business: _____			Use: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal	
Sanitary/Sewer: <input type="checkbox"/> Sanitary Permit # _____ <input type="checkbox"/> Daily wastewater flow _____ <input type="checkbox"/> Existing septic system evaluation date: _____ <input type="checkbox"/> Sanitary district connection <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Number of bedrooms upon completion: _____			Water supply: <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Other _____	
Parking: Parking shall be provided for customers and employees. Parking plan shall show number, location, and size of existing and proposed parking.			Permit approvals other than County permits: <input type="checkbox"/> WDNR (Permit # _____) <input type="checkbox"/> US Army Corps of Engineers (Permit # _____) <input type="checkbox"/> Other: _____	
Property Access: Ingress/egress to the property shall be approved by the agency of jurisdiction of the road. Show on site plan existing and/or proposed.			Storm water (new structures and/or expansion/alterations of existing structures): Storm water shall be contained on the property and a plan submitted for storm water management. If storm water is directed to the road, written permission shall be obtained from the town, state, or county.	
Within 20 days of receipt of the completed application, the following shall complete a certification that the premises is or is not in compliance with applicable laws and ordinances: Health Dept: _____ Fire Dept: _____ Planning and Zoning Dept: _____ Others: _____				

	PRESENT	PROPOSED
Quantity of hazardous waste (identify the types, frequency, and how it will be disposed of)		
Average weekly generation of household or general business garbage		
Square footage of floor space used for project. Provide floor plan & identify use of each room.		
Total number of employees		
Peak number of employees at any given time		
Average daily number of customers (identify seating capacity, if any)		
Use of yard space (include outdoor inventory), storage and commercial vehicles, outdoor operations, and noise generated		
Number of parking spaces – provide a parking plan		
Presence of air emissions or odors (will the project create odors, what type)		
Exterior lighting (list type, wattage, number of lights, and the purpose)		
Additional comments		

*** ATTACH SEPARATE SHEET IF EXTRA SPACE IS NEEDED**

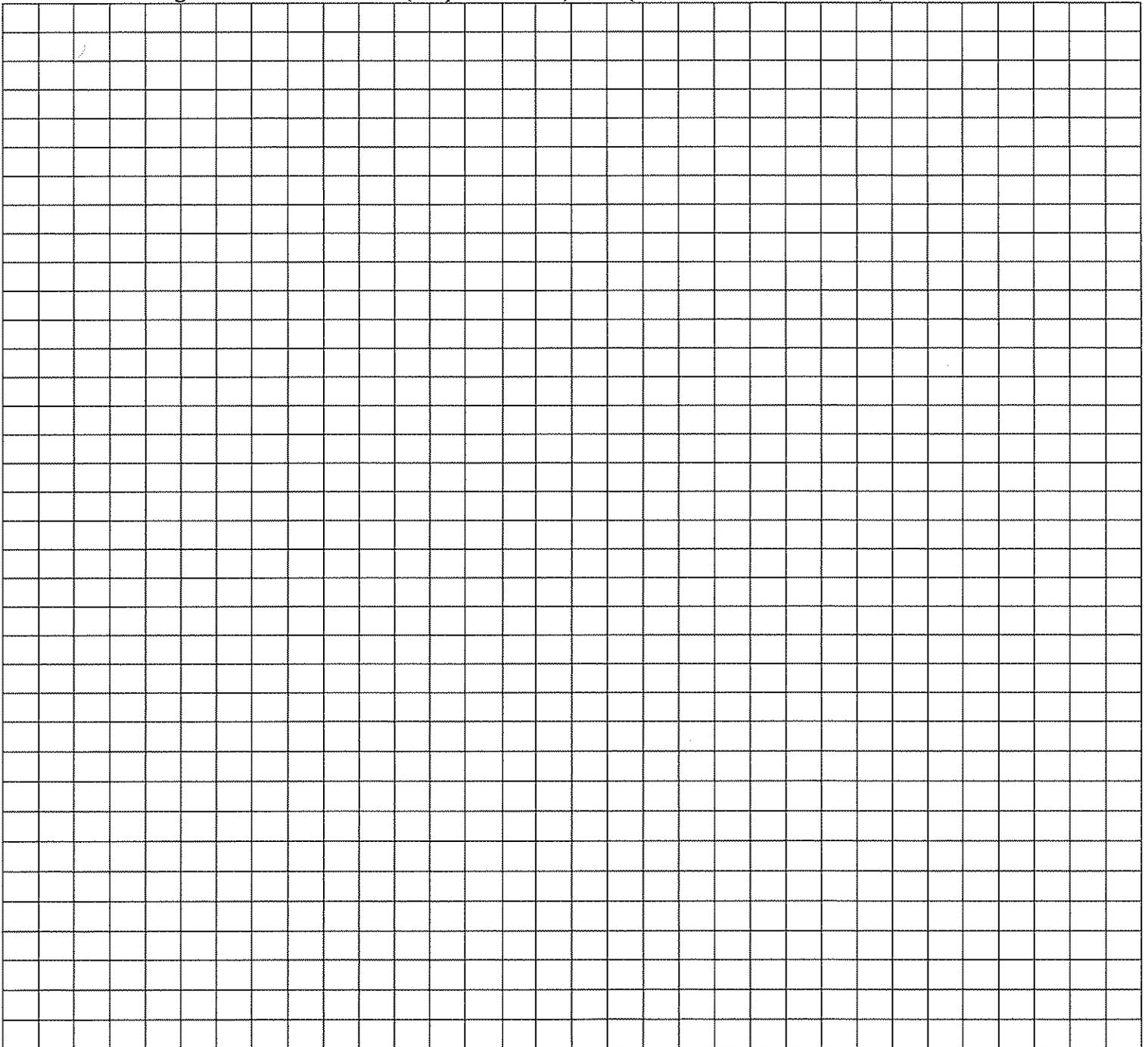
Attach a survey map of the property showing the boundaries of the property, the location of all existing structures, proposed new structures/additions and show the following measurements:

_____ feet to centerline of road _____ feet to right-of-way _____ feet to both side lot lines
_____ feet to septic tank _____ feet to absorption area _____ feet to ordinary high water mark
_____ feet to wetland area

Your drawing shall also include location of the following (proposed and/or existing):

- outside display areas
- landscaping
- location of signage
- garbage bins/dumpsters
- vegetative buffer
- location/type lighting
- fencing or screening
- equipment storage area
- parking area w/number of vehicles

Accurate drawings must be to this scale (1 square = 10 ft) (indicate north with arrow)



Are architectural, engineering, or contractor plans available for the building(s) and/or other structures on the property? If so, please attach. If not, please provide a scaled drawing of the buildings below including an elevation drawing. Show floor plan of entire building and identify proposed area. Interior walls must be shown.

Accurate drawings must be to this scale (1 square = 4 ft) (indicate north with arrow)

