



NON-RESIDENTIAL ZONING PERMIT

FOR OFFICE USE ONLY

Zoning Permit No. _____ Date: __/__/__ Fee* (\$35.00)_____pd.

***Zoning permit fees are included with development review fees for CUPs, PIPs, and SUPs, although completion of a zoning permit application form is still required.

*****NEW***PLEASE COMPLETE ALL ATTACHED FORMS WITH THIS SUBMITTAL**

A Zoning Permit is required prior to any of the activities listed below:

Proposed activity (indicate type):

- New construction
- Commercial Building addition/expansion
- Parking lot expansion/Site alterations
- Change of use
- Addition of use(s)
- Reactivation of prior use
- Other (explain)_____
- Located w/in WS Traffic fee district [see note below**]

Property Address: _____ Lot # _____ Zoning District: _____

Applicant Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: () - _____ e-mail address: _____

Property Owner Name (if other than applicant): _____

Property Owner Signature (if other than applicant): _____

Name of Business: _____

Proposed Use of Premises: _____

SEE OTHER SIDE FOR SUBMITTAL REQUIREMENTS

I understand that I must comply with current Wisconsin Building Codes through the Building Inspection Department and obtain any necessary permits; that I must comply with plans and information submitted in association with this application; and that falsifying information may result in my Zoning Permit being revoked.

Signature of Applicant: _____ Date: __/__/__

Erosion Control permit needed: [] YES [] NO EC Application Filed: [] YES [] NO

[] ZP Approved [] ZP Denied [] Other Approval Needed

Zoning Administrator: _____ Date: __/__/__

Unless otherwise requested, approvals will be returned via e-mail

****see attached WS Traffic Impact Fee estimate if the property is located within the traffic impact fee district**

SUBMITTAL MATERIALS REQUIRED FOR VARIOUS ZONING PERMIT APPLICATION TYPES:

New Construction/Building Addition (Includes *new* commercial buildings and *additions, new* single family (SF) homes, accessory buildings over 80 sq. ft., and SF home *additions* in Planned Development [PD] zoning; excludes building additions on single family homes [not in PD zoning] as long as no new dwelling units are being created.)

- Completed Zoning Permit Application
- Site Plan
- Building Elevations
- Landscaping Plan (Except SF)

Parking Expansion/Site Alteration

- Completed Zoning Permit Application
- Site Plan
- Letter of Intent (If needed to describe any aspect of the proposal.)
- Landscaping Plan (As determined by Zoning Administrator)

Change of Use/Addition of Use/ Reactivation of a Prior Use

- Completed Zoning Permit Application
- Site Plan (as determined by Zoning Administrator)
- Letter of Intent describing the proposed use(s) and nature of the changes.

Other

- Completed Zoning Permit Application
- Site Plan (as determined by Zoning Administrator)
- Letter of Intent
- Any other information deemed relevant to the proposed activity

SUN PRAIRIE POLICE DEPARTMENT

BUSINESS INFORMATION SHEET

300 E MAIN ST, SUN PRAIRIE WI 53590

PHONE: (608) 837-7336

TIP LINE: (608) 837-6300

FAX: (608) 825-1104

CONFIDENTIAL

THE SUN PRAIRIE POLICE DEPARTMENT REQUESTS THE FOLLOWING INFORMATION REGARDING YOUR BUSINESS TO AID OUR ABILITY TO SERVE YOU. THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL EXCEPT FOR HAZARDOUS MATERIAL INFORMATION PROVIDED TO THE FIRE DEPARTMENT.

THE SECURITY INFORMATION AIDS OUR RESPONSE TO YOUR BUSINESS, ESPECIALLY AFTER HOURS. IT HELPS KEEP YOUR EMPLOYEES AND OUR OFFICERS SAFE IN THE EVENT OF AN EMERGENCY. BY KNOWING YOUR BUSINESS, OUR OFFICERS ARE MORE LIKELY TO NOTICE IRREGULARITIES, ALLOWING A QUICKER POLICE RESPONSE.

PLEASE MAKE A COPY FOR YOUR RECORDS BEFORE RETURNING IT TO US. AS INFORMATION CHANGES THROUGHOUT THE YEAR, PLEASE PROVIDED US WITH UPDATED INFORMATION SO OUR RECORDS ARE AS COMPLETE AS POSSIBLE. IF YOU HAVE QUESTIONS WHILE COMPLETING THIS FORM, PLEASE CALL THE SUN PRAIRIE POLICE DEPARTMENT.

BUSINESS INFORMATION

BUSINESS NAME: _____ PHONE: _____

ADDRESS: _____

BUSINESS TYPE: _____

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

BUSINESS HOURS: M _____ TU _____ W _____ TH _____ F _____

SAT _____ SUN _____

EMERGENCY CONTACTS

PLEASE LIST EMERGENCY CONTACTS THAT HAVE KEYS AND/OR ALARM CODES (IF NEEDED) IN ORDER OF PRIORITY.

NAME: _____ PHONE: _____

ADDRESS: _____ POSITION: _____

NAME: _____ PHONE: _____

ADDRESS: _____ POSITION: _____

NAME: _____ PHONE: _____

ADDRESS: _____ POSITION: _____

PLEASE ADVISE ALL EMERGENCY CONTACTS OF THE FOLLOWING: ANYTIME THEY ARE ASKED TO RESPOND TO THE BUSINESS AFTER HOURS, WE ASK THEY RE-CONTACT THE SUN PRAIRIE POLICE DEPARTMENT AT 837-7336 TO VERIFY THE REQUEST. WHILE FALSE REQUESTS ARE VERY RARE, THIS IS A GOOD HABIT TO ESTABLISH FOR SAFETY.

CONFIDENTIAL

SECURITY INFORMATION

NIGHTTIME SECURITY LIGHTING: OUTSIDE : YES NO INSIDE: YES NO

ALARM SYSTEM: INTRUSION: YES NO HOLD-UP: YES NO

VENDOR: _____ PHONE: _____

SAFE: YES NO IF YES, LOCATION: _____ LIGHTED: YES NO

SECURITY GUARDS: YES NO ARMED: YES NO

FIREARMS ON SITE: YES NO SECURED: YES NO

EXPLOSIVES / FLAMMABLE MATERIALS: YES NO IF YES, WHAT AND WHERE ARE THEY STORED?

(WE WILL NOTIFY THE SUN PRAIRIE FIRE DEPARTMENT OF MATERIALS LISTED HERE)

BUILDING INFORMATION

(IF BUILDINGS ARE LOCATED AT DIFFERENT SITES, PLEASE COMPLETE A SEPARATE SHEET FOR EACH ADDRESS.

NUMBER OF BUILDINGS: _____ ANY SHARED WITH OTHER BUSINESSES: YES NO

IF YES, NAME OF BUILDING OR COMPLEX: (I.E., PRAIRIE SQUARE, MAIN SHOPPING CENTER, WEISENSEL BLDG.)

COMMON AREAS INSIDE: YES NO COMMON ATTIC: YES NO SECURED: YES NO

BUILDING OWNER / LANDLORD NAME: _____ PHONE: _____

ADDRESS: _____ AFTER HOURS PHONE: _____

SERVICES

THANK YOU FOR COMPLETING THIS DOCUMENT. PLEASE PROVIDE THE NAME AND POSITION OF THE PERSON COMPLETING THIS FORM BELOW. WE WOULD LIKE TO INFORM YOU THE SUN PRAIRIE POLICE DEPARTMENT ALSO OFFERS THE FOLLOWING CRIME PREVENTION SERVICES:

SECURITY SURVEYS: EXAMINATION OF LOCKS, DOORS, WINDOWS, SECURITY LIGHTING AND ACCESS TO YOUR BUSIENSS. SURVEYS ARE FREE OF CHARGE, AND CONFIDENTIAL

ROBBERY AND FRAUD PREVENTION: TECHNIQUES TO REDUCE RISK OF ROBBERY AND INFORMATION TO IDENTIFY FRADULENT CHECKS AND CREDIT CARDS

OTHER CONSULTATION: TECHNIQUES TO HELP PROTECT YOUR INVESTMENT FROM INTERNAL AND RETAIL THEFT, GRAFFITI, AND OTHER CRIMES OF OPPORTUNITY

PERSON COMPLETING FORM _____ POSITION: _____

WOULD YOU LIKE A CRIME PREVENTION OFFICER TO RECONTACT YOU? YES NO

THANK YOU

POLICE USE ONLY

RECEIVED BY: DATE: CRIME PREVENTION NOTIFIED: BY: DATE:

DISPATCH UPDATE / CRIME PREVENTION NOTIFIED: BY: DATE:

CITY OF SUN PRAIRIE POLICE DEPT
300 E. Main Street
SUN PRAIRIE, WI 53590

ALARM PERMIT APPLICATION
PERMIT APPLICATION FEE \$10.00

Office Use Only Permit Number _____

In accordance with the City of Sun Prairie Ordinance SEC 8.08.110, the following information is required for licensing alarms and effective response to alarm signals. THE INFORMATION CONTAINED IN THIS APPLICATION WILL BE FOR OFFICIAL POLICE USE ONLY. The information will be held secure by the licensing authority. Information pertaining to fire related alarms will be furnished to the Fire Chief by the Police Department

Alarmed Structure: RESIDENTIAL COMMERCIAL INDUSTRIAL

PLEASE PRINT OR TYPE

Name of owner or business: _____
Address: _____ Telephone: _____

Person to contact in case of alarm or emergency, list in order of priority: (Keyholders)

1. Name _____ Telephone: _____
Address _____
2. Name _____ Telephone: _____
Address _____
3. Name _____ Telephone: _____
Address _____

Nature of Business: _____ Business Hours: _____

Specify type of material protected _____

ARE HAZARDOUS MATERIALS STORED OR MANUFACTURED ON PREMISES: yes no

IF YES, supply a list of the hazardous material and its location (Attach list to application)

Alarms: Audible Outside Visual Signal Off Premise Other
Type of Alarm: Holdup Intrusion Alarm Fire Medical Other

Nature of Alarm Device(s):

<input type="checkbox"/> Door Contact	<input type="checkbox"/> Manually Activated Alarm	Emergency Power Supply: <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Window Tape	<input type="checkbox"/> Pressure Mat	Fail Safe Mechanism: <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Ultrasonic	<input type="checkbox"/> Vault or Container Alarm	Monitored Off Premises: <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Smoke Sensor	<input type="checkbox"/> Photo-electric cell	IF YES, BY WHOM _____
<input type="checkbox"/> Heat Sensor	<input type="checkbox"/> Sprinkler Sensor	
<input type="checkbox"/> Motion	<input type="checkbox"/> Other _____	

PLEASE ENCLOSE A DIAGRAM OF THE AREA PROTECTED

ARE POLICE/FIRE AUTHORIZED TO ENTER IN THE EVENT OF AN ALARM: yes no

Name of vendor providing alarm service and/or equipment: _____
Address _____ Phone No. _____

WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration of securing an Alarm License from the City of Sun Prairie, the license hereby releases the City, its agents, officers, and employees (hereinafter collectively referred to as the "City") from any and all liability based on the City's action or inactions in relation to licensee's alarm system, except General Liabilities. The term "general Liabilities" as used in this paragraph means whatever liabilities, if any, the City may have based on the City's obligation to the general public to respond to emergencies. The licensee is liable for the maintenance of the licensee's alarm and any associated equipment. The Licensee shall indemnify, defend and hold harmless the City in the event of any action or claim brought against the City, alleging any loss, expense, injury, property damage, or liability of any kind suffered by any person because of any alleged defective condition, maintenance, or operation of licensee's alarm or any associated equipment, or because of any other alleged actions or inactions on the part of the City (including the City's own negligence) except such alleged actions or inactions that would provide a basis for General Liabilities.

Date: _____ Licensee _____
(Owner or Authorized Agent)

PLEASE NOTE:

Return completed and signed application to the Police Department, attention Chief of Police

Office Use Only Received By: _____ Copy of Ordinance given to applicant: yes no

App. Rec. By: _____ Date: _____

Copy to Fire Chief: : yes no