

Town of Polk
Washington County, Wisconsin
APPLICATION for SITE PLAN & PLAN OF OPERATIONS REVIEW
(Q-1 District)

OFFICE USE # _____

Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Nonmetallic Mine Operator: _____

Address: _____

Phone: _____ Email: _____

Name of Applicant (if different from operator): _____

Address: _____

Phone: _____ Email: _____

Property Description (include all abutting parcels under common ownership):

Name of quarry/pit: _____

Address: _____

A. Tax Key # _____ Current Zoning: _____

B. Tax Key # _____ Current Zoning: _____

C. Tax Key # _____ Current Zoning: _____

D. Tax Key # _____ Current Zoning: _____

(if additional parcels, please attach as separate sheet)

Is this a new site plan or an amendment to existing site plan? New: _____ Amendment: _____

Zoning of adjoining properties:

A. Tax Key # _____ Current Zoning: _____

B. Tax Key # _____ Current Zoning: _____

C. Tax Key # _____ Current Zoning: _____

C. Tax Key # _____ Current Zoning: _____

(if additional properties, please attach as separate sheet)

Town of Polk
Washington County, Wisconsin
APPLICATION for SITE PLAN & PLAN OF OPERATIONS REVIEW
(Q-1 District)

OFFICE USE # _____

Plan of Operation:

Dimensions and specific use of each structure located onsite (structures shall be identified on site plan as described below):

Building A: _____

Building B: _____

Building C: _____

Building D: _____
(if additional buildings, please attach as separate sheet)

Maximum number of employees onsite: ____

Days of operation: Mon-Fri: ____ Sat: ____ Sun: ____

Hours of operation: Open: ____:____ Close: ____:____

Type of mining, processing, and transportation equipment used: _____

(please attach as separate sheet if additional space is required)

Will blasting be part of operations: Yes: ____ No: ____
(if yes, a Town of Polk Blasting Plan is required)

Type of materials to be extracted: _____

Description of proposed horizontal/vertical dimensions (perimeter of quarry/pit shown on site plan): ____

Is high capacity well required/anticipated: Yes: ____ No: ____
(if yes, provide copy of approved permit)

Town of Polk
Washington County, Wisconsin
APPLICATION for SITE PLAN & PLAN OF OPERATIONS REVIEW
(Q-1 District)

OFFICE USE # _____

Description of dust control measures (location of measures shown on site plan): _____

Description of noise control measures: _____

Description of vibration control measures: _____

Description of vibration control measures: _____

Description of measures to protect general public (location of measures shown on site plan): _____

(please attach as separate sheet if additional space is required)

Town of Polk
Washington County, Wisconsin
APPLICATION for SITE PLAN & PLAN OF OPERATIONS REVIEW
(Q-1 District)

OFFICE USE # _____

Site drainage plan (shown on site plan or attached as addendum)

Ingress/egress and internal roadway (shown on site plan or attached as addendum)

Primary routes used to transport extracted material off site (shown on site plan or attached as addendum)

Approved reclamation plan (attached as addendum)

Application Checklist:

(This Application shall be completed in full. The Town of Polk shall not accept any Application for Site Plan Review until all of the information below, as required under Section 3.10 of Chapter 17: Zoning Regulations (hereafter, the zoning ordinance), is submitted as an attachment to this Application. Please confirm inclusion of the required information by checking each item below).

- ___ A copy of the deed and signed copy of the lease(s) (if applicable) which authorizes the operator to enter upon the lessor's land for the purpose of mining. The expiration date of the lease shall be clearly indicated therein.
- ___ A legal description and survey map of the tracts of land to be involved and affected by the proposed nonmetallic mining operation and the approximate total number of acres involved.
- ___ Plan Map drawn at a scale of no less than one inch equals 400 feet and including on its face or as attachments all of the information required under Section 3.10(8)(D) of the zoning ordinance.
- ___ 10 Copies of Application and supplemental materials. An electronic copy is appreciated.

Substantive Changes

Any substantive change to the use of this parcel or the structures on it shall require an amendment to the site plan.

Town of Polk
Washington County, Wisconsin
APPLICATION for SITE PLAN & PLAN OF OPERATIONS REVIEW
(Q-1 District)

OFFICE USE # _____

Application Fee:
(\$500.00)

Check Number: _____

Signatures:

Owner or Applicant: _____ Date: _____

Zoning Administrator: _____ Date: _____

Professional Services Fee:

When the services of outside legal, planning, engineering, or other technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such fees incurred by the Town to the property owner even if the request is not approved.

I understand and agree that I shall be responsible for any professional services fees incurred by the Town even if my request is not approved.

Owner Signature: _____ Date: _____