Town of Onalaska
Conditional Use Permit Checklist & Requirements

Name:
For Conditional Use Permit #:
CUP Description:

1) Business Operational Conditions

   Days of operation: ___Weekdays ___Sat ___Sun

   Hours of operation:
   _____ a.m. to _____ p.m. Weekdays
   _____ a.m. to _____ p.m. Saturday
   _____ a.m. to _____ p.m. Sunday

   Total number of employees:_____

   Total number & description of vehicles allowed at any time, including business vehicles: _______
   *Sufficient off street parking must be provided.

 Limits of use area such as only the garage, basement or outside area to remain within specified area
 with dimensions.

2) This permit is non-transferable and it must be renewed if relocating business to another household or
 person.

3) Any Outside Storage? ____No, _____Yes, description below.

4) Signs allowed only with permit (See County for Details).

5) Commercial refuse dumpster required if operation generates waste. Use of the recycling center and
 Town trash pickup is off limits to business waste.

6) Health, Safety & Waste Factors

<table>
<thead>
<tr>
<th>Dust</th>
<th>Painting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting restricted to lot only</td>
<td>No oil or antifreeze, etc. on ground-</td>
</tr>
<tr>
<td>Noise</td>
<td>Air pollution</td>
</tr>
<tr>
<td>Additional Sewage Waste Streams</td>
<td>Non Sewage Waste Streams</td>
</tr>
</tbody>
</table>
Description of Potential Health, Safety & Waste Factors Generated by the business

7) Does building require state permits? _____ No, _____ Yes, description below:

8) Is a state approved plan required? _____ No, _____ Yes, description below:

9) Is erosion control permit required? _____ No, _____ Yes, description below

10) Parcel boundary must be surveyed prior to ___________(date).

11) Permit valid from (date)_____________ to (date) _____________

Additional Conditions:

Approvals

Town Planning Commission Recommendation: _____Approve _____Deny   Date:__________

Planning Commission Chairman:__________________

Town Board of Supervisor: _____Approve _____Deny   Date:__________

Town Chairman:______________________________