

2445 S. Afton Rd. Beloit, WI 53511 608.364.2980 Phone 608.364.2999 Fax www.townofbeloitwi.gov

December 5, 2023

MEMORANDUM

TO: Town of Beloit Plan Commission

FROM: Tim Kienbaum, Community Development Director

RE: Site Plan / Plan of Operation Review, 2760 S. Bartells Drive

Demetrius Jones, owner of You Buy We Fly, has submitted a Site Plan / Plan of Operations for consideration and approval to operate a golf simulator business from the property at 2760 S. Bartells Drive.

Section 10.11(5) outlines the decision criteria:

i. Consistency with the Comprehensive Plan

The subject property is located within the Urban, Technology, Business or Industrial Campus designation of the Future Land Use Map included in the Comprehensive Plan. The operation of the proposed business is consistent with this designation.

ii. Project / Business Compatibility

The proposed business would operate as a permitted use in the I-1 zoning district and will have no compatibility issues with the surrounding businesses.

I have met with Mr. Jones and discussed the application. I have expressed the following concerns to him:

- Paved parking lot will not be large enough to accommodate parking for both businesses.
 Any additional parking area required must be paved.
- The change of use of the building may require plan approval by the WI DSPS
- The application indicates that they intend to serve alcoholic beverages, but no beverage license has been applied for.
- The application lists use by youth and high school students. How will alcoholic beverages be handled when minors are present?

I recommend tabling this application until the listed issues have been addressed.



Return To:

2445 Afton Rd. Beloit, WI 53511

kdevault@town.beloit.wi.us

Application Number CU 23-07

CONDITIONAL USE APPLICATION

Application Date: 10-30-2023	Agenda Date Requested: 11-1-2023
Property Owner:	Owner's Agent:
Name: Demethres Somes	Name: Demetins Time &
Address: Qua 2760 S. Bowlells	Address: 205 trulberd fi Rockton IL.
Dr.	
Phone: 408-363-3939	Phone Number: 434-3440
Email: Sun bay gers, com & gmailscom	Email: You buy we Fly delikery & granic , com
Subject Property Address: 2760 S berkells	
Parcel Number: 6-2-449. A12	Property is Zoned: Light in dustrical
Property's Current Use: Was Home othica	Of You But we Fly LLC,
Detailed description of the proposed use of the pro	operty and/or buildings: Indoor golf Simulators
with indoor alcohole Sules	
How would this Conditional Use Benefit the Town:	Golf lessons during The winter
Months for Youth and I	righ school Program S. PISO
recreational use for Leagues	Dunky The winter our community
need more recreational oppor	
	<i>i</i>
List all chemicals stored in all buildings:	
Building A: $\underline{\mathcal{O}}$	
Building B:	
Building C: 0	
-	Demotrius Times
Day Telephone No.: 68-363-3939 ext 2	

Specific Use of Property and Buildings:
Building A: Y.B. W. F LCC
Building B: Seen Youggers LLC
Building C: Y.B. WFLLC
Outdoor Uses:
Maximum Number of Employees: 1 - 3 Days of Operation:
Hours of Operation: Tam To 12 am or 2 am Monday Thin Sunday
Parking:
Total # of Spaces Available: 9 to 18 Dimension of Parking Lot: Front of building
Parking Lot Construction (Type of Material): Black top
Number of Handicapped Parking Spaces:Two - Three
Is Employee Parking Included in "Number of Spaces Available"? Yes 🔽 No
Type of screening: Fencing Plantings Berm:
Outdoor Lighting:
Type: Flood lights
Location: French and Bock US buildings
Signs: (including street name signs and required road signs)
Type: Free Standing: Attached to Building:
Lighted: Mobile:
Single or Double-faced: Single
Size: N/A Location: Bookst on Top of Building
Is there any food service or vending machines incorporated in this proposal? (Ve) $\frac{N}{4}$ No $\frac{N}{4}$
If yes, How Many? 2-3 What type? Food and Dorked worm & cold
Type of Refuse Disposal: Drumpitus Name of Provider: Waste Munagement
Is a highway access permit needed from the State, County, or local Municipality? Yes No X
If yes, have you secured a permit? Yes No
Is there a need for any special type of Security Fencing? Yes No X
If yes, what type?
Date of approval by Department of Natural Resources for the well (if applicable):
Date of approval by Rock County Health Department for the septic system (if applicable):

What type of sanitary facilities are to be installed for the proposed operation? We Here betty ken	
Do you feel there will be any problems such as odor, smoke, noise, light or vibration resulting from this operation? Yes NoX If yes, explain:	
Surface water drainage facilities (describe and/or include on site plan):	
Is a liquor license or any other special license to be obtained from the local Municipality or State Licensing agencies? Yes X No If yes, explain: Bevarye license	
Did State of Wisconsin approve the building plans (if Applicable)? Yes No Have truss specifications been registered with the State of Wisconsin by truss manufacturer (if Applicable)? Yes No If yes, are there currently any permits under other names, other than what are indicated on this application? Names:	
Any other information/ details:	

THE FOLLOWING MUST BE SUBMITTED WITH THE CONDITIONAL USE APPLICATION

- Site Plan (drawn to scale 1" = 100') showing the following:
 - -Boundaries and dimensions of the property
 - -Location and dimensions of all existing and proposed buildings
 - -Use of all existing and proposed buildings
- Information as Requested by Town Staff per the Town Zoning Code
- Applicable Fees

Owner:

Demot /ps

10-30-2023

Date

Owner's Agent:

Signature

12-30-2023

Date

The Applicant, by signing and submitting this application, acknowledges that there may be fees incurred for reviews and/or work performed by the Town Engineer, Town Attorney, or other necessary contracted professional. These fees, if incurred, are the responsibility of the applicant. When possible, estimates will be provided to the applicant prior to these fees being incurred.

Fees:

Conditional Use Permit Application

Amendment to Permit

Recording Fee

\$400.00

\$200.00

\$Rock County

Total: \$ 400 00