



**Sidewalk Café
Site Plan Review
City of Oshkosh, Wisconsin**

Introduction

Site plan review is required for every commercial, industrial, institutional, and multi-family (three or more units) project in the City prior to issuance of a building permit or development activity. The site plan review requirement applies to first-time development of property as well as for additions and expansions. Site plan approval does not constitute approval of a building permit or any other required approvals by the Department of Public Works or other reviewing departments.

Site plan review is an administrative process that is typically held within 7-12 working days after the completed plans and application are received. A pre-submittal meeting is required prior to filing a site plan for acceptance. It is recommended to schedule this meeting with the Development Review Coordinator several days before the submittal deadline for the upcoming site plan review committee meeting. For projects that involve stormwater management, a pre-submittal meeting is recommended with City Engineering prior to meeting with the Development Review Coordinator. The Development Review Coordinator will serve as the central point of contact between the various City Departments involved in the review process and the developer.

The site plan illustrates the proposed structure and its use, the surrounding property including property lines, street rights-of-way, parking lot, driveway, drainage, utilities, setbacks, parking area, and other physical features of the property pertinent to its footprint and use. Elevation drawings are required as determined by the Development Review Coordinator. It is not necessary to provide construction drawings.

The Site Plan Review Committee meets twice a month on the second and fourth Wednesdays and plans submitted by the noon deadline (see schedule: https://www.oshkoshwi.gov/PlanningServices/Documents/Site_Plan_Review_Meeting_Schedule_2025.pdf)

will be reviewed within 7-12 working days after the completed plans are received. Additional committee meetings may be held in exceptional circumstances dependent on workload and staff availability. The Site Plan Review Committee includes City staff representatives of Community Development, Engineering, Transit, Police, Fire Departments, and other departments as needed depending on project. While it is not required, the applicant/owner may attend the Committee meeting to answer questions and discuss the project.

Please consult the Site Plan Application Checklist (attached) for a complete list of plan requirements.

The Sidewalk Café Municipal Code, Section 25-62, can be viewed here: <https://www.oshkoshwi.gov/WebLink/DocView.aspx?id=1104193&dbid=0&repo=Laserfiche>

Sidewalk Café
Site Plan Review Process/Procedure

1. The applicant is **required** to meet with the Development Review Coordinator prior to submitting an application to review the application requirements. *Plans should be 60-90% complete prior to meeting with the Coordinator.* Appointment is required.
2. After pre-submittal meeting applicant may submit plans. Site plan applications submitted by the noon deadline will be reviewed within 7-12 working days. See schedule for meeting dates and submission deadlines.
3. The applicant shall submit the completed form and required submittals to the Development Review Coordinator. Applications may be denied or put on hold if all required plans and completed checklists are not submitted.
4. The review fee shall be provided at the time of submittal.
5. Review fee = \$50.00.
6. Upon submittal of all required information, project will be scheduled before the Site Plan Review Committee, which will occur within 7-12 working days after the noon submittal deadline.
7. Site Plan Review Committee will meet to review project, approve, approve conditionally, hold, or deny the submission. The applicant/owner may attend the meeting to discuss project details and answer questions.
8. Applicant and/or owner will be informed in writing of the recommendation of the Site Plan Review Committee. The Development Review Coordinator will also contact the applicant to provide the status of the review within 1-2 working days after the meeting.

**Site Plan Review Committee
City of Oshkosh**

Department	Contact Person	Areas of Review
Planning Services Division	Todd Muehrer Development Review Coordinator tmuehrer@oshkoshwi.gov 920-236-5059	Zoning & performance standards
Inspection Services Division Building & HVAC	Jerry Fabisch Chief Building Official jfabisch@oshkoshwi.gov 920-236-5119	Building code & permitting
Inspection Services Division Plumbing	Keegan Wilber Building System Inspector kwilber@oshkoshwi.gov 920-236-5052	Plumbing code & permitting
Public Works/Engineering	Justin Gierach Engineering Division Manager jgierach@oshkoshwi.gov 920-236-5065	Sanitary sewer, water, storm sewer, drainage requirements; any work in the right-of-way
Public Works/Storm Water	Alyssa Deckert Civil Engineering Supervisor adeckert@oshkoshwi.gov 920-236-5065	Grading and drainage plans, stormwater review
Fire Department	Jack Clark Fire Captain jclark@oshkoshwi.gov 920-236-5242	Fire safety and protection
Police Department	Officer Kate Mann CPTED Crime Prevention kmann@oshkoshwi.gov 920-236-5742	Public safety
Transportation Department	Jim Collins Transportation Director jcollins@oshkoshwi.gov 920-232-5342	Access control, driveways, street lights, parking lot design, transit
Parks Department	Raymond Maurer Parks Director RMaurer@oshkoshwi.gov 920-236-5079	Parks & trails
Forestry Division	Travis Derks Landscape Operations Manager tderks@oshkoshwi.gov 920-232-5314	Street trees
Winnebago County Health Department	Anne Boyce Environmental Health Supervisor ABoyce@winnebagoountywi.gov 920-232-3011	Licensing and Inspection of food establishments; animal establishments; lodging facilities; recreational water facilities; mobile home parks; campgrounds; and tattoo parlors
Wisconsin Public Service	Jeff Henkelmann Senior Service Manager-Customer Service Operations jeffrey.henkelmann@wisconsinpublicservice.com 920-433-1277	Private utility issues
City Attorney	Lynn Lorensen City Attorney LLorensen@oshkoshwi.gov 920-236-5115	Developer & encroachment agreements

Site Plan Checklist

These checklists have been prepared to assist the applicant in providing information to the City in order to complete a Site Plan review. It is the City's goal that by providing the following detailed information that review time, and conditions, will be kept to a minimum and will prevent delays caused by submission of incomplete plans. Please follow the checklist carefully and provide the required information. If you have questions regarding the checklists, or information to be provided, please contact the Development Review Coordinator.

Application Form and Site Plan Set

Application forms are available from the Department of Community Development and need to be completed prior to submitting a request for Site Plan Review. Only the property owner, person having power of attorney, or a representative of the owner such as an architect, engineer, or other agent designated by the property owner may file for Site Plan Review. All applications must contain an original signature by the property owner or agent. All sections of the application must be completed. Incomplete submissions will not be reviewed by the Committee. If there are questions as to the applicability of required information, please contact the Development Review Coordinator.

When the application, Site Plan set, documentation and other required information have been prepared, please schedule an appointment with the Development Review Coordinator for plan acceptance. Plans will not be accepted for processing until staff has completed an initial review for completeness. An incomplete application or a Site Plan set lacking complete information will not be accepted or reviewed.

A complete application includes:

- ⦿ Completed Site Plan Application and fee – check made payable to “City of Oshkosh”
- ⦿ 1 Site Plan Set including:
 - o Section 1 – Title Sheet, Site Plan Layout & Streets

Submit the completed applications, fees, calculations and Site Plan Set to:

Department of Community Development
215 Church Avenue, Room 204, Oshkosh, WI 54901

Please email the Development Review Coordinator, Todd Muehrer, at planning@oshkoshwi.gov to schedule an appointment for a Pre-Submittal Review meeting.



Sidewalk Café Site Plan Review Checklist

Date: _____ Project Name: _____

Applicant: _____ Phone #: _____

Email: _____

Note: This document is used to assure a complete submittal has been prepared. This is not inclusive of all requirements needed to obtain site plan approval. Substantial changes to the Site Plan could affect other requirements. Site Plan approval does not negate the requirement for a building permit and if a building permit is required, it can be obtained at the Inspections Services Division, Room 205, 215 Church Avenue, Oshkosh, WI 54901.

Please review the following checklist and mark each box to indicate that the requirement has been met. Failure to provide the required information will result in delay of the project review by the Site Plan Review Committee.

A Site Plan Set consists of the following information:

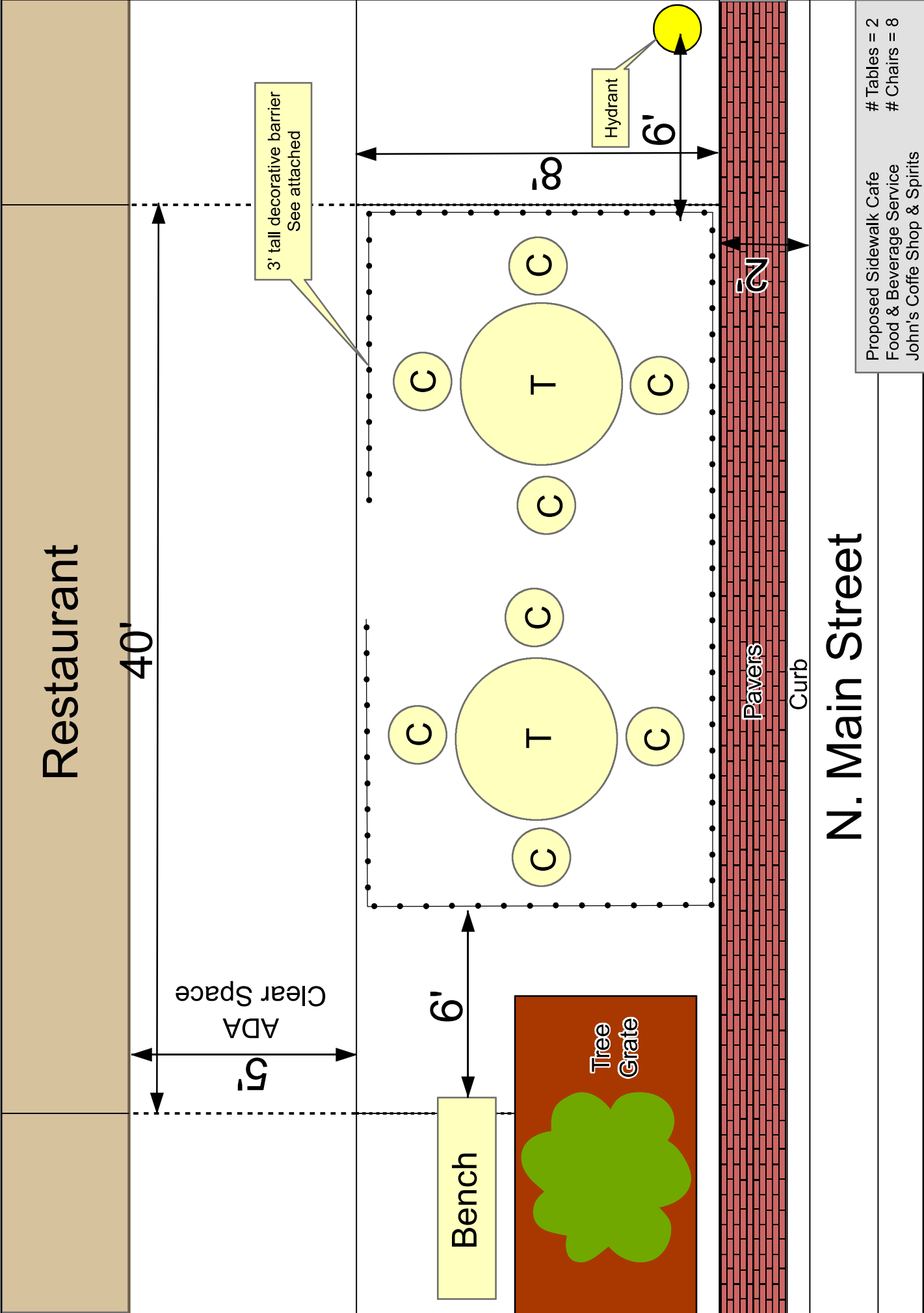
- ☐ 1 complete set, drawn to scale on numbered sheets of a uniform size. Recommended sheet size is 8½" X 11". Recommended scale is 1" = 20'.
- ☐ Name of project, address(es), tax key number(s), description of proposed use, and existing zoning designation(s).
- ☐ Name, address, phone number, and email of the record property owner and site plan preparer.
- ☐ North arrow, date of preparation, and scale.
- ☐ Name(s) of adjacent or surrounding streets.
- ☐ Recorded property lines and their dimensions.
- ☐ Identification of food and/or beverage sales, a public swimming pool or whirlpool, or overnight lodging on the site.
- ☐ Number of tables, chairs, seating capacity.
- ☐ Type of barrier (required for sale of alcohol).

Comments:

**Sidewalk Café Site Plan Review
Application
City of Oshkosh,
Wisconsin**

Mailing Information	
Name of Project	Applicant's name, address, & phone # Signature: Date:
Owner's name, address, & phone # (if different than applicant)	Relationship of applicant to owner
Site/Project Description	
Street address(es) and parcel number(s) of site.	
Description of proposed development including: Proposed land uses: Number of seats: Existing inside capacity: Number of bathroom fixtures: Time schedules for completion:	Description of accessory use(s) Zoning District:
Total Current Employees	Employees Added by Expansion
Office Use Only: ☉ 1 set of plans submitted ☉Application Fee Received	

**Return to: Department of Community Development
215 Church Avenue, Room 204, Oshkosh, WI 54901**



Proposed Sidewalk Cafe
Food & Beverage Service
John's Coffe Shop & Spirits
Joe Smith - owner
jsmith@hotmail.com
(920) 555-1234
123 N. Main St.
Tax #01-0001-0004

Tables = 2
Chairs = 8

Scale: 1" = 20'
May 20, 2022

Example Sidewalk Cafe
Site Plan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	<i>Insurance Agency contact information, including street address and PO Box if applicable.</i>	CONTACT NAME:	<i>Insurance Agent's contact information.</i>	FAX (A/C. No.):
		PHONE (A/C. No. Ext):		
		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ABC Insurance Company		NAIC #
		INSURER B: XYZ Insurance Company		NAIC #
		INSURER C: LMN Insurance Company		NAIC #
		INSURER D:		<i>Insurer(s) must have a minimum A.M. Best rating of A- and a Financial Performance Rating of VI or better.</i>
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>General Liability Policy Number</i>	<i>Policy effective and expiration date.</i>		EACH OCCURRENCE	\$ 1,000,000				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 50,000					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person)				\$					
			PERSONAL & ADV INJURY				\$ 1,000,000					
			GENERAL AGGREGATE				\$ 1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 1,000,000				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								\$				
B	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Auto Liability Policy Number</i>	<i>Policy effective and expiration date.</i>		COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000				
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/>	BODILY INJURY (Per person)				\$					
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)				\$					
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)				\$					
							\$					
This coverage is required UNLESS the City determines that the risk does not exist												
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE	\$				
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$				
	DED	<input type="checkbox"/>	RETENTION \$					\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<i>Workers Compensation Policy Number</i>	<i>Policy effective and expiration date.</i>		<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y/N	N	E.L. EACH ACCIDENT				\$ 100,000					
	(Mandatory in NH)		E.L. DISEASE - EA EMPLOYEE				\$ 100,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT				\$ 500,000					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insureds on the Commercial General Liability and Automobile Liability, shall be City of Oshkosh, and its officers, council members, agents, employees and authorized volunteers.

CERTIFICATE HOLDER**CANCELLATION**

City of Oshkosh, Attn: City Clerk
215 Church Avenue
PO Box 1130
Oshkosh, WI 54903-1130

Insurance Standard IX
Mobile Vending
SAMPLE CERTIFICATE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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4. ADDITIONAL PROVISIONS

- A. Acceptability of Insurers - Insurance must be provided by an insurance carrier with an *A.M. Best* rating of no less than A- and a Financial Size Category of no less than Class VI, and who are authorized as an admitted insurance company in the state of Wisconsin.
- B. Additional Insured Requirements – For general liability coverage and business automobile liability coverage, the following must be listed as additional insureds: **City of Oshkosh, and its officers, council members, agents, employees, and authorized volunteers.**
- C. Certificates of Insurance acceptable to the City of Oshkosh shall be submitted 15 days prior to operation of the mobile vending unit. These certificates shall contain a provision that coverage afforded under the policies will not be canceled or non renewed until at least 30 days' prior written notice has been given to the City Clerk – City of Oshkosh.