



# CITY OF GILLETTE

Development Services  
Planning Division

201 E. 5th Street • Gillette, Wyoming 82716

Phone 307.686.5281

www.gillettewy.gov

## Development Plan

This application is for a development plan, and the accompanying checklist is to be used by the applicant to ensure the application is correct and complete upon submittal. All supporting documentation is required at the time of submittal.

Please complete the application and address all items. If something is not applicable, include any necessary explanation on a separate sheet. This checklist is required with the submittal. The checklist serves only as a guide and the details of the requirements are contained within the City of Gillette Subdivision Regulations, Design Standards, and other city regulations.

Approval by the Planning Commission and recording of the development plan at the Campbell County Clerk shall be completed prior to the issuance of a building and zoning permit. Approval and recording of the development plan does not relieve the applicant from the requirement of obtaining the necessary building, zoning and/or engineering permits.

All applications are required to be submitted through the city's ePlans system. Please submit all supplemental information along with one (1) 24"x36" and one (1) 11"x17" paper copy of the plan to the Planning Division prior to the submittal deadline. After submittal, you will receive an email inviting you to upload the plan into ePlans.

A development plan application expires 36 months from the time it was received by the Planning Division.

Should you have questions, please contact the Planning Division at (307) 686-5281.

### Development Plan Application:

Proposed project description: \_\_\_\_\_

Proposed project specific use(s): \_\_\_\_\_

Existing zoning of the property: \_\_\_\_\_

Total square footage of new structure or addition: \_\_\_\_\_ sq. ft.

Number of parking spaces: \_\_\_\_\_

Method of parking spaces calculation: \_\_\_\_\_

**Owner(s):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Agent:**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Engineer:**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Surveyor:**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

# Development Plan Checklist:

## 1. Development Plan Requirements

INCLUDED    N/A

- a. Title
- b. Show all drainage areas and how it will be accommodated
- c. Landscape plan, according to Ordinance on separate sheet including landscape calculations worksheet
- d. Landscaping maintenance agreement
- e. Access to property (show all entrances/exits clearly)
- f. Owner/developer, agent, and engineering/surveying firm information (contact information)
- g. Indicate property boundary with dimensions
- h. North arrow, scale (no smaller than 1" = 50 ft.)
- i. Required certifications
- j. Date of preparation
- k. Legend and summary table
- l. Vicinity map
- m. Legal description of property
- n. Show all dedicated rights-of-way and easements
- o. Floodplain areas (if applicable)
- p. Significant natural features or hazards
- q. Any existing wells (water, methane, or oil)
- r. Show building size and setbacks with dimensions
- s. Show sidewalks (both proposed and existing)
- t. Show proposed and existing parking spaces, handicapped spaces, and dimensions of all spaces and drive aisles
- u. Show elevations at curb and structure and indicate type of curb

## Development Plan Requirements (Continued)

INCLUDED N/A

- v. Location of all curb cuts and loading areas
- w. Indicate locations and sizes of existing and proposed water and sewer services (a Permit to Construct from the Engineering Division may be required)
- x. Indicate locations of electrical transformers. Show voltage and service size and all existing and proposed electrical lines
- y. Indicate location of refuse storage and pick-up
- z. Location of all existing and proposed fire hydrants and distance to proposed structure
- aa. Show location and size of signage (separate permit required)
- bb. Show location of fencing and retaining walls (separate permit)
- cc. Show the type of surface (paving, gravel, grass, etc.)
- dd. Use group(s) as defined by the current International Building Code
- ee. Indicate first floor elevation based on the City of Gillette's Vertical Control Network. Existing and proposed contours shall be shown. Show minimum of 2' intervals or less
- ff. Show total square footage of the lot, structure(s), parking and driveway area, pedestrian walks, and open spa
- gg. Necessary certificates, signature lines, and approval dates for recording (see Section 11 of the Zoning Ordinance)
- hh. Fonts large enough to be readable, show solid lines for lot boundaries, dashed lines and labeling for easements, and shading for paved areas that does not interfere with other labeling
- ii. Demolition of existing buildings (separate permit)

**2. Other Required Supplemental Information**

INCLUDED N/A

- a. Total amount of development plan review fee - \$595.00
- b. One (1) 24" x 36" and one (1) 11"x17" paper copy of the site plan.  
Site plan shall be prepared by a licensed Wyoming engineer, surveyor, or architect
- c. Excel document (.xls/.xlsx) of surrounding property owner mailing list within 140 ft. from all boundaries not including rights-of-way or alleys
- d. Drainage Report
- e. Copies of any necessary off-site easements
- f. Required Engineering Division supporting materials as required by the current City of Gillette Design Standards
- g. Site plans uploaded into ePlans (after initial submittal)
- h. Landscape plan uploaded to ePlans (after initial submittal)

**3. Other Required Supplemental Items – Submit Prior to Building Permit**

INCLUDED N/A

- a. [Wastewater Industrial/Commercial Discharge Application](#) (aka Wastewater Survey)
- b. Development plan mylar submitted to the Planning Division

This form has been completed under my supervision, and the development plan submittal is complete in conformance with the City of Gillette Subdivision Regulations and Design Standards. I understand that an incomplete submittal cannot be reviewed.

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Signature of Applicant or Agent

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Date

# City of Gillette Wastewater Division

## Industrial/Commercial Discharge Application

Remit the completed application by mail to:

**Gillette Wastewater Treatment Facility**

**Attn: Roger Brown, Bob Molder**

**3101 S Garner Lake Road**

**Gillette, WY 82718**

Or email to

[RogerB@gillettewy.gov](mailto:RogerB@gillettewy.gov)

[Bob@gillettewy.gov](mailto:Bob@gillettewy.gov)

### 1.0 General Information

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Address of facility discharging wastewater (if different from mailing address):

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Authorized Company Representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#### Person to be contacted regarding this questionnaire:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## 2.0 Business Information

Describe your Business Activities (processes, products, etc.):

Are there any floor drains in the work or storage areas at your facility?      Yes      No

Does your facility discharge domestic wastewater?  
(i.e., wastewater from a kitchen, cafeteria, bathroom, or locker room)      Yes      No

Restaurant/food preparation present?  
If yes, please explain.      Yes      No

Photography, x-ray, or print shop?  
If yes, include additional silver information      Yes      No

Is any of your wastewater treated prior to discharge to the sanitary sewer?  
(i.e., metals treatment, pH neutralization, filtration, etc.)      Yes      No

Indicated pretreatment devices or processes that are used for treating wastewater. (Check all that apply)

Grease Trap/Interceptor

Neutralization, (pH

Ion Exchange

Sand Interceptor

adjustment)

Ozonation

Oil Separation

Flow Equalization

Screening

Solvent Separation

Air Flotation

Sedimentation

Septic Tank

Centrifuge

Biological (specify):

Precipitation

Cyclone

\_\_\_\_\_

Flocculation

Filtration

Other (specify):

Chlorination

Grit Removal

\_\_\_\_\_

Describe the Treatment and/or Treatment Unit(s):

**TABLE I**  
**Operations and Activities**

Mark the box next to each of the following operations or activities and sub category that are performed at your facility:

Air Compressor(s)	Collection of (Various waste stream types)	Laboratory
Anodizing	Receiving	Medical
Assembly Operation	Treatment	Non-medical
Automotive Industries	Operation of Chiller(s)	Analytical – not medical
Beverage (Alcoholic)	Operation of Cooling Tower(s)	Manufacturing
Manufacturing	Cooling Water (Contact)	Type _____
Bottling	Cooling Water (Non-Contact)	Meat/Poultry Processing
Distribution	Dairy Products	Medical Device Manufacture
Beverage (Non-Alcoholic)	Processing/Manufacturing	Medical Office
Manufacturing	Dentist Office	Type: _____
Bottling	Amalgam Separator	Metal Forming (Deformation of metal or metal alloy into specific shapes by various means.)
Distribution	Use of film X-rays	
Boiler System(s)	Degreasing	Metal Machining
Cafeteria onsite	Dry Cleaner	Cutting
Full Service (Cooking)	Electroless Plating	Grinding
Limited Service (No Cooking)	Electroplating	Forming
Chemical Etching/Milling	Evaporation, Distillation. UF/RO membrane, or other on-site waste stream recovery/recycle system	Welding
Chemical Manufacturing	Flammables/Explosives	Surface finishing
Organic	Used as part of operations	Painting
Inorganic	Stored	Liquid
Circuit Board/Related Products Manufacturing	Present on the premise	Powder Coating
Conversion Coating	Floor Wash-down, Stripping	Parts Washing
Phosphatizing	Food Processing / Manufacturing	Pharmaceutical Manufacture
Chromating	Hospital	Photographic
Other _____		Processing/Developing



Do you anticipate any operational or process changes in the future?                      Yes                      No

If yes, please explain:

Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

Analyses Attached

No Analyses Available

Indicate the total annual process (non-domestic) wastewater discharge from this facility:

For the Operations/Activities boxes checked in Table 1, please check the box in either Table II or Table III that best correspond to the volume of process (non-domestic) wastewater that is discharged from your facility.

Please note that Table II is based on Annual Flow Volumes and Table III is based on Daily Flow Volumes – use the Table that is more convenient for you.

**TABLE II – ANNUAL FLOW VOLUMES**

1 - 10,000 gal/year

10,001 – 100,000 gal/year

100,001 – 500,000 gal/year

500,001 – 1,000,000 gal/year

1,000,001 – 2,000,000 gal/year

More than 2,000,000 gal/year

None (Process Wastewater is hauled by a contract waste hauler, recycled, etc.)

**TABLE III – DAILY FLOW VOLUMES**

Less than 1,000 gal/day

1,001 – 10,000 gal/day

10,001 – 25,000 gal/day

25,000 – 50,000 gal/day

50,001 – 100,000 gal/day

More than 100,000 gal/day

None (Process Wastewater is hauled by a contract waste hauler, recycled, etc.)

What source did the Process Wastewater Discharge Information come from?

Estimate

Water Bill

Flow Meter

Other \_\_\_\_\_

### 3.0 Waste Disposal

Provide the following information on all waste hauler(s) and/or onsite treatment vendor(s) if used:

#### Waste Hauler #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Waste Hauler #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Attach additional sheets as needed.*

**NOTE TO SIGNING OFFICIAL:** In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claims must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions regarding this application, please contact the Wastewater Division at 307-686-5274.