



**CITY OF WAUKESHA
PLAN COMMISSION**

Application for Review

Date Submitted _____

Name of Project: DOLPHIN CT OFFICE BUILDING

Address (If no address, location): 1211 DOLPHIN CT, WAUKESHA WI 53186

Applicant information:

Name: JEFFREY WHIPPLE

Company Name: INTERSTATE PARTNERS LLC

Address: N16W23217 STONE RIDGE DR, STE 120
WAUKESHA, WI 53188

Phone: (262) 506-1007

Owner information:

Name: _____

Company Name: IP DOLPHIN LLC

Address: N16W23217 STONE RIDGE DR, STE 120
WAUKESHA, WI 53186

Phone: (262) 506-1007

IMPORTANT: A DIGITAL copy must be submitted with this application (JPG and/or PDF) along with 4 full-size (one of which must be in COLOR) and 7 reduced copies unless waived by the department. The reduced set of copies should only include the project location map showing a 1/2 mile radius, a COLORED landscape plan, COLORED building elevations, and exterior light fixture cut sheets.

<u>TYPE OF REVIEW</u>	<u>FEE</u>
<input type="checkbox"/> Rezoning: Attach COPY of rezoning petition along with fee. Original must be submitted to City Clerk.	\$350
<input type="checkbox"/> Certified Survey Map	\$150 + \$50/lot
<input type="checkbox"/> Plat Review - Plat Reviews are held until next meeting. 9 copies must be submitted. You must also submit 4 to the County and 2 to State. (Check appropriate box)	<input type="checkbox"/> prelim.: \$500 + \$10/lot <input type="checkbox"/> final: \$300 + \$10/lot
<input checked="" type="checkbox"/> ** Site Plan & Arch. Review - Architectural changes do not need preliminary review. (Check appropriate box)	<input type="checkbox"/> prelim.: \$300 + \$15/1000 sq.ft. or res. unit <input checked="" type="checkbox"/> final: \$200 + \$10/1000 sq.ft. or res. unit
<input type="checkbox"/> ** Conditional Use with Site Plan (Check appropriate box)	<input type="checkbox"/> prelim.: \$300 + \$15/1000 sq.ft. or res. unit <input type="checkbox"/> final: \$200 + \$10/1000 sq.ft. or res. unit
<input type="checkbox"/> Conditional Use (No Site Plan)	\$200
<input type="checkbox"/> ** Airport Hangar Review	\$300
<input type="checkbox"/> Home Industry (Attach info sheet.)	\$100
<input type="checkbox"/> House Move	\$150
<input type="checkbox"/> Street Vacation	\$150
<input type="checkbox"/> Other (specify): _____	\$100
<input type="checkbox"/> ** PUD Review	\$400 added to S.P.A.R. fee
<input type="checkbox"/> PUD Amendment	\$100
<input type="checkbox"/> Annexations and/or Attachments - Original must be submitted to City Clerk.	No Fee
<input type="checkbox"/> Resubmittal	\$150

** Please attach to this form a Review Checklist if it involves an architectural and/or site plan review.

DEADLINE FOR THE SUBMITTAL IS THE MONDAY FOUR WEEKS BEFORE THE MEETING BY 4:00 P.M.

INTERNAL USE ONLY			
Amount Due: _____	Check #: _____	Amount Paid: _____	Rec'd By: _____

Rev. 03/2015