

Application for Review

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| Date | Nun | mitta | 00 |
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| Name of Project: STARBUCKS MULTI-TENANT | | | | | |
| Address (If no address, location): LOT 8 CSM 11104 (L | ES PAUL PARKWAY, LOT NORTH OF CULVERS) | | | | |
| Project Description: MULTI-TENANT COMMERCIAL BUILDING AND SITE DEVELOPMENT | | | | | |
| Applicant information: Name: JOEL EHRFURTH | Owner information: Name: FRED JACQUES | | | | |
| Company Name: MACH IV ENGINEERING & SURVEYING Company Name: EAST WAUKESHA LLC | | | | | |
| Address: 2260 SALSCHEIDER COURT | Address: 230 OHIO STREET, SUITE 201 | | | | |
| GREEN BAY, WI 54313 | OSHKOSH, WI 54902 | | | | |
| Phone: 920-569-5765 | Phone: 920-230-3628 | | | | |
| E-mail: jehrfurth@mach-iv.com | E-mail: fred@alliancedevelopment.biz | | | | |
| IMPORTANT: A DIGITAL copy must be submitted with this app mile radius, a COLORED landscape plan, COLORED building elements. | olication (JPG and/or PDF) and include the project location map showing a ½ levations, and exterior light fixture cut sheets. | | | | |
| Type of review | FEE | | | | |
| Rezoning: Attach <u>COPY</u> of rezoning petition <u>along with fee.</u> submitted to City Clerk. | . Original must be \$350 | | | | |
| ☐ Certified Survey Map | \$150 + \$50/lot | | | | |
| Plat Review - Plat Reviews are held until next meeting. 9 co You must also submit 4 to the County and 2 to State. | opies must be submitted. ☐ prelim.: \$500 + \$10/lot (Check appropriate box) ☐ final: \$300 + \$10/lot | | | | |
| ** Site Plan & Arch. Review - Architectural changes do not need preliminary review. | | | | | |
| □ ** Conditional Use with Site Plan | (Check appropriate box) | | | | |
| Conditional Use (No Site Plan) | \$200 | | | | |
| ** Airport Hangar Review | \$300 | | | | |
| Home Industry (Attach info sheet.) | \$100 | | | | |
| House Move | \$150 | | | | |
| ☐ Street Vacation | \$150 | | | | |
| Other (specify): | \$100 | | | | |
| ** PUD Review | \$400 added to S.P.A.R. fee | | | | |
| PUD Amendment | \$100 | | | | |
| Annexations and/or Attachments - Original must be subm | nitted to City Clerk. No Fee | | | | |
| Resubmittal | \$150 | | | | |
| ** Please attach to this form a Review Checklist if it in | volves an architectural and/or site plan review. | | | | |
| DEADLINE FOR THE SUBMITTAL IS AT 4:00 P.M., 30 DAYS PRIOR TO THE MEETING. | | | | | |
| INTERNAL HEE ONLY | | | | | |

| INTERNAL USE ONLY | | | | | |
|-------------------|---------|--------------|-----------|--|--|
| Amount Due: Ch | neck #: | Amount Paid: | Rec'd By: | | |

Rev. 10/17