



**CITY OF WAUKESHA  
PLAN COMMISSION**

**Application for Review**

*Date Submitted*

**Name of Project:** Heartland Dental

**Address (If no address, location):** Sunset Dr. & Tenny Ave. Waukesha, WI 53189

**Project Description:** New single story freestanding +/- 4,280sf Heartland Dental Building

**Applicant information:**

Name: Destinee Higdon

Company Name: Interplan, LLC

Address: 604 Courtland St. Suite 100

Orlando, FL 32804

Phone: 407.645.5008

E-mail: Dhigdon@interplanllc.com

**Owner information:**

Name: Jason Benline

Company Name: Professional Resource Development, INC

Address: 1200 Network Center Dr

Effingham, IL 62401

Phone: 217.540.8370

E-mail: Jbenline@heartland.com

IMPORTANT: A DIGITAL copy must be submitted with this application (JPG and/or PDF) and 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"/> <b>Rezoning:</b> Attach <u>COPY</u> of rezoning petition <u>along with fee</u> . Original must be submitted to City Clerk.	\$350
<input type="checkbox"/> <b>Certified Survey Map</b>	\$150 + \$50/lot
<input type="checkbox"/> <b>Plat Review - Plat Reviews</b> 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"/> <b>prelim.:</b> \$500 + \$10/lot <input type="checkbox"/> <b>final:</b> \$300 + \$10/lot
<input checked="" type="checkbox"/> <b>** Site Plan &amp; Arch. Review -</b> Architectural changes do not need preliminary review. (Check appropriate box)	<input checked="" type="checkbox"/> <b>prelim.:</b> \$300 + \$15/1000 sq.ft. or res. unit <input type="checkbox"/> <b>final:</b> \$200 + \$10/1000 sq.ft. or res. unit
<input type="checkbox"/> <b>** Conditional Use with Site Plan</b> (Check appropriate box)	<input type="checkbox"/> <b>prelim.:</b> \$300 + \$15/1000 sq.ft. or res. unit <input type="checkbox"/> <b>final:</b> \$200 + \$10/1000 sq.ft. or res. unit
<input type="checkbox"/> <b>Conditional Use (No Site Plan)</b>	\$200
<input type="checkbox"/> <b>** Airport Hangar Review</b>	\$300
<input type="checkbox"/> <b>Home Industry (Attach info sheet.)</b>	\$100
<input type="checkbox"/> <b>House Move</b>	\$150
<input type="checkbox"/> <b>Street Vacation</b>	\$150
<input type="checkbox"/> <b>Other (specify):</b> _____	\$100
<input type="checkbox"/> <b>** PUD Review</b>	\$400 added to S.P.A.R. fee
<input type="checkbox"/> <b>PUD Amendment</b>	\$100
<input type="checkbox"/> <b>Annexations and/or Attachments - Original must be submitted to City Clerk.</b>	No Fee
<input type="checkbox"/> <b>Resubmittal</b>	\$150

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

**DEADLINE FOR THE SUBMITTAL IS AT 4:00 P.M., 30 DAYS PRIOR TO THE MEETING.**

**INTERNAL USE ONLY**

**Amount Due:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Rec'd By:** \_\_\_\_\_