



City of Waukesha Application for Development Review

City of Waukesha Community Development Department - 201 Delafield Street, Waukesha, WI 53188 262-524-3750
City of Waukesha Department of Public Works Engineering Division—201 Delafield Street, Waukesha, WI 53188 262-524-3600
www.waukesha-wi.gov

APPLICANT INFORMATION

Applicant Name: Brooke Peddie
Applicant Company Name: BB's on main
Address: 608 e lisbon rd
City, State: Oconomowoc WI Zip: 53066
Phone: 262-349-8688
E-Mail: brookepeddie3@gmail.com

ARCHITECT/ENGINEER/SURVEYOR INFORMATION

Name: _____
Company Name: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____
E-Mail: _____

PROPERTY OWNER INFORMATION

Applicant Name: Brooke Peddie
Applicant Company Name: BB's on main
Address: 362 w main st
City, State: Waukesha WI Zip: 53186
Phone: 262-349-8688
E-Mail: brookepeddie3@gmail.com

PROJECT & PROPERTY INFORMATION

Project Name: _____
Property Address: _____
Tax Key Number(s): _____
Zoning: _____
Total Acreage: _____ Existing Building Square Footage: _____
Proposed Building/Addition Square Footage: _____
Current Use of Property: _____

PROJECT SUMMARY (Please provide a brief project description.)

All submittals require a complete scaled set of digital plans (Adobe PDF) and shall include a project location map showing a 1/2 mile radius, a COLOR landscape plan, COLOR building elevation plans, and exterior lighting photometric maps and cut sheets. A pre-application meeting is required prior to submittal of any applications for Subdivisions, Planned Unit Developments, and Site and Architectural Plan Review. **The deadline for all applications requiring Plan Commission Reviews is Monday at 4:00 P.M, 30 days prior to the meeting date. The Plan Commission meets the Fourth Wednesday of each month.**

APPLICATION ACKNOWLEDGEMENT AND SIGNATURES

I hereby certify that I have reviewed the City of Waukesha Development Handbook, City Ordinances, Submittal Requirements and Checklists and have provided one PDF of all required information. Any missing or incomplete information may result in a delay of the review of your application. By signing this I also authorize The City of Waukesha or its agents to enter upon the property for the purpose of reviewing this application.

Applicant Signature Brooke Peddie
Applicant Name (Please Print) Brooke Peddie
Date: 4/11/24

For Internal Use Only:

Amount Due (total from page 2): _____ Amount Paid: _____ Check #: _____
Trakit ID(s) _____ Date Paid: _____