

The reasons for this rezoning petition are:

Establish the appropriate zoning for the property to allow for the development of a state of the art carwash.

**Parcel 1**

Signature of Owner(s): T.C. Schwetz

Owner's Name (Printed): T.C. SCHWETZ (TDK LLC)

Address of Owner: 1603 MANHATTAN DR.  
WALKERSLA, WI 53186

Phone Number of Owner: 262-310-5105

**Parcel IV**

Signature of Owner(s): \_\_\_\_\_

Owner's Name (Printed): \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Phone Number of Owner: \_\_\_\_\_



**CITY OF WAUKESHA  
PLAN COMMISSION**

**Application for Review**

Date Submitted \_\_\_\_\_

Name of Project: COAST CAR WASH

Address (if no address, location): W 227 S1584 ANITOL AVE

**Applicant information:**

Name: MIKE + BETH KLUMB  
 Company Name: COAST CAR WASH, LLC  
 Address: N 1993 BIRCHES DRIVE  
LAKE GENEVA, WI 53147  
 Phone: 262-613-5566

**Owner information:**

Name: SAME  
 Company Name: TIX LLC  
 Address: 1603 MANHATTAN DR.  
WAUKESHA, WI 53186  
 Phone: 262-370-5105

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.

TYPE OF REVIEW	FEE
<input checked="" 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 type="checkbox"/> <b>** Site Plan &amp; Arch. Review -</b> Architectural changes do not need preliminary review. (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 checked="" type="checkbox"/> <b>** Conditional Use with Site Plan</b> (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 (No Site Plan)</b>	\$200
<input type="checkbox"/> <b>** Airport Hangar Review</b>	\$300
<input type="checkbox"/> <b>Home Industry</b> (Attach info sheet.)	\$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 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