



**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"/> Rezoning: Attach <u>COPY</u> of rezoning petition <u>along with fee</u> . 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 AT 4:00 P.M., 30 DAYS PRIOR TO THE MEETING.

INTERNAL USE ONLY

Amount Due: _____ **Check #:** _____ **Amount Paid:** _____ **Rec'd By:** _____