



**CITY OF WAUKESHA
PLAN COMMISSION**

Application for Review

Date Submitted _____

Name of Project: CITY OF WAUKESHA - PUMP STATION ANTENNAS
Address (if no address, location): 9 PUMP STATIONS IN CITY
Project Description: INSTALLATION OF ANTENNAS AT 9 PUMP STATIONS IN CITY

Applicant information:

Name: JONATHAN SCHAPEKAHM
 Company Name: CITY OF WAUKESHA - DEPT. OF PUBLIC WORKS
 Address: 130 DELAFIELD ST.
WAUKESHA, WI 53188
 Phone: 262-524-3584
 E-mail: JSCHAPEK@CI.WAUKESHA.WI.US

Owner information:

Name: _____
 Company Name: CITY OF WAUKESHA
 Address: 201 DELAFIELD ST.
WAUKESHA, WI 53188
 Phone: 262-524-3500
 E-mail: _____

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.

<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 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 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 checked="" 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 THE MONDAY FOUR WEEKS BEFORE THE MEETING BY 4:00 P.M.

INTERNAL USE ONLY			
Amount Due: _____	Check #: _____	Amount Paid: _____	Rec'd By: _____