

## **Application for Review**

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Date	Sun	mitted

Name of Project: Hall	Automotive			
Address (If no address, location): 704 E	Bluemound Road			
<b>Applicant information:</b> Name: Brannin Gries	Owner information:  Name: Andy	y Hall		
Company Name: Gries Architectural Gro	Company Name: Hall A	Company Name: Hall Automotive		
Address: 500 N. Commercial St.	Address: 1980	9 W. Bluemound Road		
Neenah, WI 54956	Brook	kfield, WI 530445		
Phone: (920) 722-2445	Phone: (262)	782-5300		
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 ½ mile radius, a COLORED landscape plan, COLORED building elevations, and exterior light fixture cut sheets.				
<u>Түре о</u>	<u>F REVIEW</u>	<u>Fee</u>		
Rezoning: Attach <u>COPY</u> of rezoning pet submitted to City Clerk.	ition <u>along with fee</u> . Original <b>must</b> be	\$350		
☐ Certified Survey Map		\$150 + \$50/lot		
Plat Review - Plat Reviews are held until You must also submit 4 to the County and	next meeting. 9 copies must be submitted. d 2 to State. (Check appropriate box)	□ prelim.: \$500 + \$10/lot □ final: \$300 + \$10/lot		
** Site Plan & Arch. Review - Architectural changes do not need prelim	ninary review. (Check appropriate box)	☐ <b>prelim</b> .: \$300 + \$15/1000 sq.ft. or res. unit ☐ <b>final</b> : \$200 + \$10/1000 sq.ft. or res. unit		
** Conditional Use with Site Plan	(Check appropriate box)	□ <b>prelim</b> .: \$300 + \$15/1000 sq.ft. or res. unit □ <b>final</b> : \$200 + \$10/1000 sq.ft. or res. unit		
☐ Conditional Use (No Site Plan)		\$200		
☐ Conditional Use for New or Substantia	lly modified Mobile Service Facilities	\$300		
** Airport Hangar Review		\$300		
☐ Home Industry (Attach info sheet.)		\$100		
☐ House Move		\$150		
☐ Street Vacation		\$150		
☐ Other (specify):		\$100		
□ ** PUD Review		\$400 added to S.P.A.R. fee		
□ PUD Amendment		\$100		
☐ Annexations and/or Attachments - Original Control of the Contro	inal must be submitted to City Clerk.	No Fee		
⊠ 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 WEDNESDAY TWO WEEKS BEFORE THE MEETING BY 4:00 P.M.				
INTERNAL USE ONLY				
Amount Due: Check	#: Amount Paid:	Rec'd By:		