

Application for Review

Name of Project Kwik Trip Express Store 527 Conversion

Address (If no address, location): 1700 Pewaukee Rd. Waukesha WI 53188

Submitted 8/25/2016

Date Submitted

Project Description: Re-brand existing Shell Station & site into a Kwik Trip Expres				
Applicant inform Name: Chris N	Nutini	N.I.	Owner information: Name: Chris Nutini	
Company Name: Kwik Trip Inc		Company Name: Kw		
Address: 1626 Oak Drive		A -1-1		
La Crosse WI 54603		<u> </u>	La Crosse WI 54603	
Phone: (608) 793-5551		Dhanai	Phone: (608) 793-5551	
E-mail: cnutini@kwiktrip.com		E mail:	@kwiktrip.com	
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.				
	Type of review		<u>Fee</u>	
	ttach <u>COPY</u> of rezoning petition <u>along with fee</u> ubmitted to City Clerk.	. Original must be	\$350	
☐ Certified Surv	vey Map		\$150 + \$50/lot	
	Plat Reviews are held until next meeting. 9 co submit 4 to the County and 2 to State.		□ prelim .: \$500 + \$10/lot □ final : \$300 + \$10/lot	
	Arch. Review - changes do not need preliminary review.	(Check appropriate box)	X prelim.: \$300 + \$15/1000 sq.ft. or res. unit ☐ final: \$200 + \$10/1000 sq.ft. or res. unit	
□ ** Conditiona	Il Use with Site Plan	(Check appropriate box	prelim.: \$300 + \$15/1000 sq.ft. or res. unit final: \$200 + \$10/1000 sq.ft. or res. unit	
☐ Conditional U	Jse (No Site Plan)		\$200	
** Airport Har	ngar Review		\$300	
☐ Home Industr	ry (Attach info sheet.)		\$100	
☐ House Move			\$150	
□ Street Vacation			\$150	
☐ Other (specif	y):		\$100	
** PUD Revie	w		\$400 added to S.P.A.R. fee	
□ PUD Amenda	nent		\$100	
☐ Annexations	and for Attachments - Original must be subm	nitted 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 MONDAY FOUR WEEKS BEFORE THE MEETING BY 4:00 P.M.				
INTERNAL USE ONLY				
Amount Due:	Check #:	Amount Paid:	Rec'd By:	
Pay 07/16				