

## **CITY OF WAUKESHA** PLAN COMMISSION

## **Application for Review**

Date Submitted

Name of Project:	Kohl's Rightsizing Improvements

Address (If no address, location): 2140 W. St. Paul Ave. Waukesha, WI 53188

## Applicant information:

Applicant information:	Owner information:
Name: William Lewis	Name: Amy Keltner
Company Name: Richard L. Bowen + Assoc. Inc.	Company Name: Kohl's Department Stores, Inc.
Address: 13000 Shaker Blvd.	Address: W165 N5830 Ridgewood Dr.
Cleveland, OH 44120	Menomonee Falls, WI 53051
Phone: 216.377.3828	Phone: 262.703.2019

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>Type of review</u>	<u>Fee</u>
	<b>Rezoning:</b> Attach <u>COPY</u> of rezoning petition <u>along with fee</u> . Original <b>must</b> be submitted to City Clerk.	\$350
	Certified Survey Map	\$150 + \$50/lot
	Plat Review - Plat Reviews are held until next meeting. 9 copies must be submitted.	<b>prelim</b> .: \$500 + \$10/lot
		) 🗖 final: \$300 + \$10/lot
X	** Site Plan & Arch. Review -	<b>prelim</b> .: \$300 + \$15/1000 sq.ft. or res. unit
	Architectural changes do not need preliminary review. (Check appropriate box	x) 🔀 final: \$200 + \$10/1000 sq.ft. or res. unit
	** Conditional Use with Site Plan (Check appropriate bo	() ☐ prelim.: \$300 + \$15/1000 sq.ft. or res. unit ☐ final: \$200 + \$10/1000 sq.ft. or res. unit
	Conditional Use (No Site Plan)	\$200
	** 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 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 MONDAY FOUR WEEKS BEFORE THE MEETING BY 4:00 P.M.

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