

Application for Review

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Date	VIII	mitte	01

Name of Project:	New Perspective Wa	aukesha			
Address (If no address, location):	SE corner of East Broadway and Les Paul Parkway				
Project Description:	Senior Living Facility				
Applicant information: Name: Chris Buday Owner information: Name: Brian Fischer					
Company Name: The Boldt Comp	oany	Company N	lame:	Salem United Methodist Church	
Address: 1110 North Old Worl	d Third Street	Address: 541 WI-59			
Suite 610, Milwauk	ee, WI 53203	Waukesha, WU 53186			
Phone: 414-305-4930		Phone: 414-840-7368			
E-mail: chris.buday@boldt.co	om I	E-mail:		bigfisch5@hotmail.com	
IMPORTANT: A DIGITAL copy must be submitted with this application (JPG and/or PDF) and include the project location map showing a ½ mile radius, a COLORED landscape plan, COLORED building elevations, and exterior light fixture cut sheets.					
	<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> . Origina	al must be	9	\$350	
				\$150 + \$50/lot	
Plat Review - Plat Reviews are held until You must also submit 4 to the County and		ust be sub Check appr		□ prelim.: \$500 + \$10/lot box) □ final: \$300 + \$10/lot	
** Site Plan & Arch. Review - Architectural changes do not need prelim	ninary review. (C	Check app	opriate b		
** Conditional Use with Site Plan	(0	Check app	ropriate l	box) □ 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 - Oriç	jinal 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 AT 4:00 P.M., 30 DAYS PRIOR TO THE MEETING.					
INTERNAL USE ONLY					
Amount Due: Check		mount I	Paid:	Rec'd By:	