



City of Waukesha Application for Development Review

City of Waukesha Community Development Department - 201 Delafield Street, Waukesha, WI 53188 262-524-3750
City of Waukesha Department of Public Works Engineering Division—I 30 Delafield Street, Waukesha, WI 53188 262-524-3600
www.waukesha-wi.gov

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
Applicant Name: DAVIN WONSCHNIBL	Applicant Name: SHEWBY GALLAMORE
Applicant Company Name: QUALTY SIGN INSTALLATION	Applicant Company Name: REPLY EXECUTIVES SWITHE
Address: 2000 W BENDER' RD	Address: 431 W. MAIN ST
City, State: GLENDALE WC Zip: 53209	City, State: WANGESHA, WE Zip: 53186
Phone: 414.540.1436	Phone: 262, 899. 5462
E-Mail: WALITY SION INSTALLATION & 9MAIL	E-Mail: GANAMURE HOMES & GMAL. COM
ARCHITECT/ENGINEER/SURVEYOR INFORMATION	PROJECT & PROPERTY INFORMATION
Name:	Project Name: REPUTY EXECUTIVES South
Company Name:	Property Address 43 W. MAIN ST
Address:	Tax Key Number(s):
City, State: Zip:	Zoning: 152
Phone:	Total Acreage: Existing Building Square Footage
E-Mail:	Proposed Building/Addition Square Footage:
	Current Use of Property: NEALESTATE OFFICE
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All submittals require a complete scaled set of digital plans (Adobe PD is, a COLOR landscape plan, COLOR building elevation plans, and exineeting is required prior to submittal of any applications for Subdivision of the deadline for all applications requiring Plan Complete meeting date. The Plan Commission meets the Fourth MAPPLICATION ACKNOWLEDGEMENT AND SIGNATURES	terior lighting photometric maps and cut sheets. A pre-application ons, Planned Unit Developments, and Site and Architectural Plan nission Reviews is Monday at 4:00 P.M, 30 days prior to
hereby certify that I have reviewed the City of Waukesha Development Handrovided one PDF of all required information. Any missing or incomplete information his I also authorize The City of Waukesha or its agents to enter upon the propplicant Signature	rmation may result in a delay of the review of your application. By signing operty for the purpose of reviewing this application.
Applicant Name (Please Print) NAVID LIWNSUM Date: 1112	NOBL
for Internal Use Only:	
Amount Due (total from page 2): Amount	Paid: Check #:
Trakit ID(s)	Date Paid:

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