

Planning Application



Project Name HOME2 Suites by Hilton

Applicant or Agent for Applicant

Name Kraig Sadownikow
 Company 70th Street Hotel Associates, LLC
 Address 3350 S. River Road
 City West Bend State WI Zip 53095
 Daytime Phone Number (262) 334-3811
 E-mail Address kraig@teamacs.net
 Fax Number (262) 334-4990

Agent is Representing (Tenant/Owner)

Name Adam Hertel
 Company American Architectural Group, Inc.
 Address 3350 S. River Road
 City West Bend State WI Zip 53095
 Daytime Phone Number (262) 334-3811
 E-mail Address adam@teamaag.net
 Fax Number (262) 334-4990

Property Information

Property Address 1010, 140 & 1126 S. 70th Street
 Tax Key No. 439-0001-026
 Aldermanic District District #1
 Current Zoning C-3 and PDD-2 overlay
 Property Owner West Quarter East, LLC
 Property Owner's Address C/O Cobalt Partners, LLC
207 N. Milwaukee Street - Milwaukee, WI 53202
 Existing Use of Property Office Building
 Previous Occupant Various Tenants
 Total Project Cost Estimate \$10,700,000

Application Type and Fee

(Check all that apply)

- Special Use: (Public Hearing Required) \$500
- Level 1: Site, Landscaping, Architectural Plan Review \$100
(Project Cost \$0-\$1,999)
- Level 2: Site, Landscaping, Architectural Plan Review \$250
(Project Cost \$2,000-\$4,999)
- Level 3: Site, Landscaping, Architectural Plan Review \$500
(Project Cost \$5,000+)
- Site, Landscaping, Architectural Plan Amendment \$100
- Extension of Time \$250
- Signage Plan Appeal \$100
- Request for Rezoning \$500 (Public Hearing Required)
Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500
- Planned Development District \$1,500
(Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$725
- Certified Survey Map Re-approval \$75
- Street or Alley Vacation/Dedication \$500
- Transitional Use \$500 (Public Hearing Required)
- Formal Zoning Verification \$200

In order to be placed on the Plan Commission agenda, the Department of Development MUST receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.

- Completed Application
- Corresponding Fees
- Project Description
- One (1) set of plans (24" x 36") - check all that apply
 - Site/Landscaping/Screening Plan
 - Floor Plans
 - Elevations
 - Certified Survey Map
 - Other
- One (1) electronic copy of plans
- Total Project Cost Estimate

**Please make checks payable to:
City of West Allis**

FOR OFFICE USE ONLY

Plan Commission 9-25-19
 Common Council Introduction 9-17-19
 Common Council Public Hearing 10-1-19

Applicant or Agent Signature K. K. Sade Date 08/28/2019

Property Owner Signature Adam Hertel Date 08/28/2019



Opnr: WALSHJH1 Type: OC Drawer: 1
Date: 9/03/19 01 Receipt no: 59103
GH DEV SPECIAL USE PERMIT \$500.00
1.00
WEST QUARTER EAST, LLC
60 DEV LVL 3 SITE-ARCH PLN R \$500.00
1.00
WEST QUARTER EAST, LLC
CK CHECK PAYMEN 1003 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 9/03/19 Time: 12:51:17