

Planning Application



Project Name Holiday Inn Express & Suites

Applicant or Agent for Applicant

Name John T. Ford
 Company Lincoln Hospitality Group, LLC
 Address 249 Pawling Ave. #207
 City Hartland State WI Zip 53029
 Daytime Phone Number 414-399-0165
 E-mail Address jford@catalystdevelops.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 E-mail Address _____
 Fax Number _____

Property Information

Property Address 10201 W. Lincoln Avenue
 Tax Key No. 4859996007
 Aldermanic District #5
 Current Zoning Commercial C4
 Property Owner Lincoln Development Holdings, LLC (Land Owner)
 Property Owner's Address _____
 Existing Use of Property Office
 Previous Occupant Multi-Tenant
 Total Project Cost Estimate \$16,300,000

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

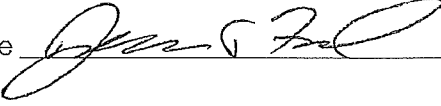
In order to be placed on the Plan Commission agenda, the Department of Development MUST receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.

- 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 _____
 Common Council Introduction _____
 Common Council Public Hearing _____

Applicant or Agent Signature  Date 5/1/2019

Property Owner Signature _____ Date _____



Oper: WALSBURN Type: OC Drawer: 1
 Date: 5/02/19 01 Receipt no: 23314
 GH DEV SPECIAL USE PERMIT 1.00 \$500.00
 CATCON, INC DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00
 CATCON, INC CERTIFIED SURVEY MAP 1.00 \$695.00
 CATCON, INC CNTY CERT SURVEY MAP 1.00 \$30.00
 CATCON, INC CK CHECK PAYMEN 43567 \$1725.00
 Total tendered \$1725.00
 Total payment \$1725.00
 Trans date: 5/02/19 Time: 12:51:14