

# Planning Application



Project Name Bart 6916-18 W National Ave (reoccupancy)

## Applicant or Agent for Applicant

Name Gerald Macklin  
 Company Midwest Commercial Fund  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone Number 414-839-5495  
 Email Address Macklin.Gerald@yahoo.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 6916-18 W National Ave  
 Tax Key No. 954-0204-000  
 Aldermanic District 1  
 Current Zoning C-3  
 Property Owner \_\_\_\_\_  
 Property Owner's Address \_\_\_\_\_  
 Existing Use of Property Vacant  
 Previous Occupant \_\_\_\_\_  
 Total Project Cost Estimate \_\_\_\_\_

## Application Type and Fee

- (Check all that apply)
- Special Use: (Public Hearing Required) \$500 GH
  - 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) GN
  - 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 (Public Hearing Required)
  - Planned Development District \$1,500 (Public Hearing Required)
  - Subdivision Plats \$1,700
  - Certified Survey Map \$600
  - Certified Survey Map Re-approval \$50
  - 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.

## Please make checks payable to:

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

## FOR OFFICE USE ONLY

- 6-22-16 Plan Commission
- 6-21-16 Common Council Introduction
- 7-5-16 Common Council Public Hearing

Applicant or Agent Signature \_\_\_\_\_ Date 5-4-16

Property Owner Signature \_\_\_\_\_ Date 5/18/2016



Oper: WALSB01 Type: OC Drawers: 1  
Date: 5/16/16 01 Receipt no: 41930  
GN DEV SPECIAL USE PERMIT  
1.00 \$500.00  
MIDWEST COMMERCIAL FUND  
CK CHECK PAYMEN 12705 \$500.00  
Total tendered \$500.00  
Total payment \$500.00

Trans date: 5/27/16 Time: 16:45:40

Oper: WALSB01 Type: UC Drawer: 1  
Date: 5/16/16 01 Receipt no: 41931  
GN DEV LVL 2 SITE- ARCH PLN  
1.00 \$250.00  
MIDWEST COMMERCIAL FUND  
CK CHECK PAYMEN 12605 \$250.00  
Total tendered \$250.00  
Total payment \$250.00

Trans date: 5/27/16 Time: 16:46:52