

Planning Application



Project Name Anytime Fitness - Lincoln Plaza

Applicant or Agent for Applicant

Name Lawrence Lupton
 Company Lupton Consulting, LLC
 Address 17430 St. James Road
 City Braunfeld State WI Zip 53045
 Daytime Phone Number 262-469-5885
 E-mail Address anytimefitnesswi@gmail.com
 Fax Number —

Agent is Representing (Tenant/Owner)

Name Kevin Schmoldt (Landlord's Broker)
 Company Newmark Knight Frank (EKA M&G)
 Address 757 N. Broadway, Ste 700
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-940-9164
 E-mail Address Kevin.Schmoldt@NKF.com
 Fax Number —

Property Information

Property Address 2223-2271 S. 108th Street
 Tax Key No. 481-9990-001
 Aldermanic District 5
 Current Zoning C-4
 Property Owner Lincoln Plaza A, LLC & Lincoln Plaza B, LLC
 Property Owner's Address 757 N. Broadway, Ste 700
Milwaukee, WI 53202
 Existing Use of Property Massage/Lender/Jewelry
 Previous Occupant Vacant
 Total Project Cost Estimate \$250,000

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 7/24/19
 Common Council Introduction 7/16/19
 Common Council Public Hearing 8/16/19

Applicant or Agent Signature [Signature] Date 6-26-19

Property Owner Signature [Signature] Date 6-26-2019
Agent for Owner



User: WALSRIRI Type: OC Drawer: 1
Date: 7/01/19 01 Receipt no: 44337
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
ANYTIME FITNESS
CK CHECK PAYMEN 2177 \$500.00
Total tendered \$500.00
Total payment \$500.00
Trans date: 7/01/19 Time: 11:40:17