

Planning Application



Project Name West Quarter

Applicant or Agent for Applicant

Name Scott J. Yauck
 Company Cobalt Partners, LLC
 Address 207 North Milwaukee Street
 City Milwaukee State WI Zip 53202
 Daytime Phone Number (414) 271-5000
 E-mail Address syauck@cobaltpartnersllc.com
 Fax Number N/A

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address Various (see attached)
 Tax Key No. Various (see attached)
 Aldermanic District _____
 Current Zoning Various (see attached)
 Property Owner Cobalt Partners, LLC (per contract)
 Property Owner's Address 207 North Milwaukee Street
 Existing Use of Property Various (see attached)
 Previous Occupant N/A
 Total Project Cost Estimate \$87MM

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 6/27/18
 Common Council Introduction 6/19/18
 Common Council Public Hearing ~~6/19/18~~ 7/27/18

Applicant or Agent Signature _____ Date 5/31/18

Property Owner Signature _____ Date _____



Oper: WALSWBI Type: OC Drawer: 1
Date: 6/01/18 01 Receipt no: 36526
GK DEV PLANNED DEV DISTRICT
1.00 \$1500.00
COBALT PARTNERS, LLC
CK CHECK PAYMEN 3648 \$1500.00
Total tendered \$1500.00
Total payment \$1500.00

Trans date: 6/01/18 Time: 11:41:00



Trans date: 6/01/18 Time: 11:39:59
GJ 07/01/18 01 Receipt no: 36525
DEV REQUEST FOR REZONING \$500.00
COBALT PARTNERS, LLC 1.00
CK CHECK PAYMEN 3647 \$500.00
Total tendered \$500.00
Total payment \$500.00