

Planning Application



Project Name ROGERS MEMORIAL HOSPITAL
ROGERS ADOLESCENT ADDITION
RECOVERY PROGRAM / UNIT 3 EXPANSION (DISCUSSION)

Applicant or Agent for Applicant

Agent is Representing (Tenant/Owner)

Name JOHN CURRAN (ARCHITECT)
 Company TWP ARCHITECTURE
 Address 13100 WATERTOWN PLANK RD
 City ELM GROVE State WI Zip 53122
 Daytime Phone Number 262 641-0729
 E-mail Address JCURRAN@TWPARCHITECTURE.COM
 Fax Number 262 641-0584

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

Property Information

Property Address 11101 W. LINCOLN AVE
 Tax Key No. 484-9999-017
 Aldermanic District 5
 Current Zoning INDUSTRIAL
 Property Owner ROGERS MEMORIAL HOSPITAL
 Property Owner's Address 11101 W. LINCOLN AVE, WI 53227
 Existing Use of Property MEDICAL
 Previous Occupant CHARTER HOSPITAL

Total Project Cost Estimate \$ 1,120,000
PHASE I, II, III

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 \$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.

- 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

Please make checks payable to:
 City of West Allis

FOR OFFICE USE ONLY

Plan Commission 12-7-16
 Common Council Introduction 12/6/16
 Common Council Public Hearing 12/20/16

Applicant or Agent Signature John Curran Date 11/7/16

Property Owner Signature Detrick J. Hammer Date 11/9/16



Oper: WALSBJB1 Type: OC Drawer: 1
Date: 11/25/16 02 Receipt no: 89013
GH DEV SPECIAL USE PERMIT 1.00 \$500.00
TWP ARCHITECTURE LTD
60 DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00
TWP ARCHITECTURE LTD
CK CHECK PAYMEN 21569 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 11/17/16 Time: 16:35:52