

# 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 *John T. Ford* Date 5/1/2019

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



Oper: WILSON Type: 1  
 Date: 5/02/19 of Receipt no: 2314  
 CH 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 \$595.00  
 CATCON, INC CNTY CERT SURVEY MAP 1.00 \$30.00  
 CATCON, INC CK CHECK PAYMEN 43587 \$1725.00  
 Total tendered \$1725.00  
 Total payment \$1725.00

Trans date: 5/02/19 Time: 12:51:14