

Planning Application



Project Name Aurora West Allis Memorial Center

Applicant or Agent for Applicant

Name Richard Kellar
 Company Aurora Health Care
 Address 8901 West Lincoln Ave
 City West Allis State WI Zip 53227
 Daytime Phone Number 414-328-6827
 E-mail Address rick.kellar@aurora.org
 Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address Various - See Attached Exhibit 1
 Tax Key No. Various - See Attached Exhibit 1
 Aldermanic District 4
 Current Zoning C2 and RB-2
 Property Owner Aurora Health Care
 Property Owner's Address 750 West Virginia Avenue,
Milwaukee, WI 53204
 Existing Use of Property Multi-Family Housing
 Previous Occupant Same
 Total Project Cost Estimate \$14,500,000

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)
- Level 3: Site, Landscaping, Architectural Plan Review \$500 GO
(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) GJ
Existing Zoning: C2 & B2 Proposed Zoning: RC-1
- Request for Ordinance Amendment \$500
- Planned Development District \$1,500
(Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$600 GL
- 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 (Legal Description)
- 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 Feb 24
 Common Council Introduction Feb 16
 Common Council Public Hearing March 4

Applicant or Agent Signature Richard Kellar
 Richard Kellar, President

Date 1/22/2016

Property Owner Signature Richard Kellar
 Richard Kellar, President

Date 1/22/2016



Oper: WALSBUR1 Type: OC Drawers: 1
Date: 2/15/16 01 Receipt no: 8236
GH DEV SPECIAL USE PERMIT 1.00 \$500.00
CG SCHMIDT CONSTRUCTION 1.00 \$500.00
60 DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00
CG SCHMIDT CONSTRUCTION 1.00 \$500.00
6J DEV REQUEST FOR REZONING 1.00 \$500.00
CG SCHMIDT CONSTRUCTION 1.00 \$570.00
6L -1 CERTIFIED SURVEY MAP 1.00 \$30.00
CG SCHMIDT CONSTRUCTION 1.00 \$2100.00
6L -2 CNTY CERT SURVEY MAP 1.00 \$2100.00
CG SCHMIDT CONSTRUCTION 776466 \$2100.00
CK CHECK PAYMEN
Total tendered \$2100.00
Total payment \$2100.00

Trans date: 1/29/16 Time: 15:00:43