Planning Application



Project Name UHS Hospital (d/b/a [to be determined])

Property Owner Signature _____

(SUP-SLA)

Applicant or Agent for Ap	plican	t
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Applicant of Agent for Applicant	Ageni is kepiesening (rendni/Owner)	
Name_Brian C. Randall	Name Diane Henneman - Divisional Vice President for UHS	
Company Davis & Kuelthau, s.c.	Company Milwaukee Behavioral Health, LLC c/o UHS	
Address 111 E. Kilbourn Avenue, Suite 1400	Address 1525 University Drive	
City Milwaukee State WI Zip 53202	City Auburn Hills State MI Zip 48326	
Daytime Phone Number 414-225-1484	Daytime Phone Number 248-377-3163	
E-mail Address brandall@dkattorneys.com	E-mail Address diane.henneman@uhsinc.com	
Fax Number 414-278-3684	Fax Number N/A	
Property Information	Application Type and Fee (Check all that apply)	
Property Address 1706 S. 68th Street / 17** S. 68th Street	☑ Special Use: (Public Hearing Required) \$500	
Tax Key No. 453-0776-003 / 453-0747-001	, ,	
Aldermanic District District 1	 Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999) 	
Current Zoning M-1 / C-2 Property Owner West Allis CDA / The MRD Group Inc.	☐ Level 2: Site, Landscaping, Architectural Plan Review \$250	
Property Owner's Address 7525 West Greenfield Ave., West Allis, WI 53214 /	(Project Cost \$2,000-\$4,999)	
4777 W. Lincoln Ave., Milwaukee, WI 53219	 Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+) 	
Existing Use of Property Vacant - Former Milwaukee Ductile Iron Foundry	☐ Site, Landscaping, Architectural Plan Amendment \$100	
Previous Occupant Milwaukee Ductile Iron Foundry and Parking	☐ Extension of Time \$250	
otal Project Cost Estimate \$33,500,000.00	□ Signage Plan Appeal \$100	
HH & parking lot	☐ Request for Rezoning \$500 (Public Hearing Required) Existing Zoning: Proposed Zoning:	
In order to be placed on the Plan Commission	☐ Request for Ordinance Amendment \$500	
agenda, the Department of Development MUST	☐ Planned Development District \$1,500	
receive the following by the last Friday of the month,	(Public Hearing Required)	
prior to the month of the Plan Commission meeting.	☐ Subdivision Plats \$1,700	
☐ Completed Application	☐ Certified Survey Map \$725	
Corresponding FeesProject Description	☐ Certified Survey Map Re-approval \$75	
☑ One (1) set of plans (24" x 36") - check all that apply	☐ Street or Alley Vacation/Dedication \$500	
☑ Site/Landscaping/Screening Plan ☑ Floor Plans	☐ Transitional Use \$500 (Public Hearing Required)	
Elevations	☐ Formal Zoning Verification \$200	
☐ Certified Survey Map	- Torman Islanda Yamilaanian 4200	
☑ Other☑ One (1) electronic copy of plans	•	
☐ Total Project Cost Estimate	FOR OFFICE USE ONLY	
	Plan Commission 4/26/19	
Please make checks payable to:	Common Council Introduction 6/18/19	
City of West Allis	Common Council Public Hearing 7/16/19	
applicant or Agent Signature Kuin (fulell	Date May 31, 2019	
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