

# Planning Application



Project Name Riverbend Shopping Center

### Applicant or Agent for Applicant

Name Brad Kropp  
Company Perspective Design, Inc.  
Address 11525 W. North Avenue  
City Wauwatosa State WI Zip 53226  
Daytime Phone Number 414-302-1780 x202  
E-mail Address bkropp@pdi-arch.com  
Fax Number 414-302-1781

### Agent is Representing (Tenant/Owner)

Name Mark Lambert & Craig Whitehead  
Company The Crown Group, Inc.  
Address 1564 W. Algonquin Road  
City Hoffman Estates State IL Zip 60192  
Daytime Phone Number 847-934-2525  
E-mail Address MarkLambert@crowngroup.com / CRAIG WHITEHEAD@CROWNGROUP.COM  
Fax Number 847-358-4591

### Property Information

Property Address 7500 W. Oklahoma Avenue  
Tax Key No. 515-0124-000  
Aldermanic District #4  
Current Zoning C-3  
Property Owner Campellsport, LLC & Omro PW LLC  
Property Owner's Address 1564 W. Algonquin Road  
Hoffman Estates, IL 60192  
Existing Use of Property Mixed Retail / Restaurant  
Previous Occupant N/A

Total Project Cost Estimate \_\_\_\_\_

### 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 \_\_\_\_\_  
Common Council Public Hearing 7/17/18

Applicant or Agent Signature Brad Kropp Date 5/17/18

Property Owner Signature MANAGER Campellsport LLC Date 5/18/18



Date: 5/21/18 01 Receipt no: 34552  
GL -1 CERTIFIED SURVEY MAP \$695.00  
PERSPECTIVE DESIGN, INC 1.00  
GL -2 CNTY CERT SURVEY MAP \$30.00  
PERSPECTIVE DESIGN, INC 1.00  
CK CHECK PAYMEN 11197 \$725.00  
Total tendered \$725.00  
Total payment \$725.00

Trans date: 5/21/18 Time: 10:18:27