

# Planning Application



Project Name West Quarter

## Applicant or Agent for Applicant

Name Scott J. Yauck  
 Company Cobalt Partners, LLC  
 Address 207 North Milwaukee Street  
 City Milwaukee State WI Zip 53202  
 Daytime Phone Number (414) 271-5000  
 E-mail Address syauck@cobaltpartnersllc.com  
 Fax Number N/A

## Agent is Representing (Tenant/Owner)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_

## Property Information

Property Address Various (see attached)  
 Tax Key No. Various (see attached)  
 Aldermanic District \_\_\_\_\_  
 Current Zoning Various (see attached)  
 Property Owner Cobalt Partners, LLC (per contract)  
 Property Owner's Address 207 North Milwaukee Street  
 Existing Use of Property Various (see attached)  
 Previous Occupant N/A  
 Total Project Cost Estimate \$87MM

## 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 6/19/18  
 Common Council Public Hearing ~~6/19/18~~ 7/27/18

Applicant or Agent Signature \_\_\_\_\_ Date 5/31/18

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



Oper: WALSRJBI Type: OC Drawer: 1  
Date: 6/01/18 01 Receipt no: 36526  
GK DEV PLANNED DEV DISTRICT  
1.00 \$1500.00  
COBALI PARTNERS, LLC 3648 \$1500.00  
CK CHECK PAYMEN  
Total tendered \$1500.00  
Total payment \$1500.00

Trans date: 6/01/18 Time: 11:41:00

Trans date: 6/01/18 Time: 11:39:59  
Date: 6/01/18 01 Receipt no: 36525  
GJ DEV REQUEST FOR REZONING  
COBALI PARTNERS, LLC 3647 \$500.00  
CK CHECK PAYMEN  
Total tendered \$500.00  
Total payment \$500.00