

Planning Application



Project Name HOME2 Suites by Hilton

Applicant or Agent for Applicant

Name Kraig Sadownikow
 Company 70th Street Hotel Associates, LLC
 Address 3350 S. River Road
 City West Bend State WI Zip 53095
 Daytime Phone Number (262) 334-3811
 E-mail Address kraig@teamac.net
 Fax Number (262) 334-4990

Agent is Representing (Tenant/Owner)

Name Adam Hertel
 Company American Architectural Group, Inc.
 Address 3350 S. River Road
 City West Bend State WI Zip 53090
 Daytime Phone Number (262) 334-3811
 E-mail Address adam@teamaag.net
 Fax Number (262) 334-4990

Property Information

Property Address 1010, 1040 & 1126 S. 70th Street
 Tax Key No. 439-0001-026
 Aldermanic District District #1
 Current Zoning C-3 and PDD-2 overlay
 Property Owner West Quarter East, LLC
 Property Owner's Address C/O Cobalt Partners, LLC
207 N. Milwaukee Street - Milwaukee, WI 53202
 Existing Use of Property Office Building
 Previous Occupant Various Tenants

Total Project Cost Estimate \$10,700,000

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 1/23/19
 Common Council Introduction 1/15/19
 Common Council Public Hearing 2/5/19

City of West Allis
 Department of Development
RECEIVED
DEC 28 2018

Applicant or Agent Signature *Adam Hertel* Date 12/28/2018

Property Owner Signature *K.K. S...* Date 12/28/2018



Oper: WALSBRJ1 Type: OC Drawer: 1
Date: 12/28/18 01 Receipt no: 87456
GH DEV SPECIAL USE PERMIT \$500.00
1.00
AMERICAN CONSTRUCTION SER
GO DEV LVL 3 SITE-ARCH PLN R \$500.00
1.00
AMERICAN CONSTRUCTION SER
CK CHECK PAYMEN 7414 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00
Trans date: 12/28/18 Time: 13:17:36