

## PLANNING AND ARCHITECTURAL REVIEW COMMISSION APPLICATION

### FEE SCHEDULE

Application Type	Fee	Application Type	Fee
Standard Application	\$ 300	CSM	\$ 175 + \$15 per lot
Architectural Review:	\$ 50	Plat Review Preliminary	\$ 100 + \$5 per dwelling unit
Zoning Text or Map Amendment	\$ 250	Plat Review Preliminary - Re Application Fee	\$ 50
Zoning Text or Map Amendment - Planned Unit Development	\$ 500	Plat Review Final	\$ 50 + \$5 per dwelling unit
Conditional Use Permit – Minor	\$ 125	Plat Review Final Plat - Reapplication Fee	\$ 25
Conditional Use Permit - Standard	\$ 300	Sign Appeal	\$ 300
Conditional Use Permit - Wetland Areas	\$ 300	Street Renaming	\$ 1,000

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Name of Business Owner (if different from Applicant): \_\_\_\_\_

Applicant Address (City, State, and Zip Code): \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant E-Mail: \_\_\_\_\_

Applicants Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_ Tax Key Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Owner (if different from Applicant): \_\_\_\_\_

Property Owner Address (City, State, and Zip Code): \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner E-Mail: \_\_\_\_\_

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

### PRIMARY CONTACT

Primary Contact Person for this Project: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact E-Mail: \_\_\_\_\_

**IMPORTANT NOTE:** *The City of Glendale is not accepting paper document submittals. Plan Commission Review Submittals are required to be submitted via email to Director of Community Development John Fellows at [J.Fellows@GlendaleWI.gov](mailto:J.Fellows@GlendaleWI.gov) and Planner Ken Smith [K.Smith@GlendaleWI.gov](mailto:K.Smith@GlendaleWI.gov) with PDF documents attached or as a web link to the PDF documents. Fee remittals may be delivered to Glendale City Hall, deposited in the drop box in front of City Hall, or mailed to:*

*City of Glendale, WI, 5909 North Milwaukee River Parkway, Glendale, WI 53209-3815,  
 Attn: Community Development Department*

### CITY OF GLENDALE USE ONLY

Application Fee: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Time: \_\_\_\_\_ Received by with date: \_\_\_\_\_ Tentative Hearing Date: \_\_\_\_\_

**SUPPLEMENTARY INFORMATION:**

Type of review being requested: \_\_\_\_\_

Name of Business and Type of Business/Use (Please be specific): \_\_\_\_\_

Total Building Area: \_\_\_\_\_ To Be Occupied Area: \_\_\_\_\_

Lot Size: Depth: \_\_\_\_\_ Width: \_\_\_\_\_ Area: \_\_\_\_\_

Previous Occupant in To Be Occupied Space: \_\_\_\_\_

Other Uses of This Site: \_\_\_\_\_

Total Number of Parking Spaces: \_\_\_\_\_ Parking Spaces Available to Tenancy: \_\_\_\_\_

Business Hours (Days and Hours of Operation): \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Maximum Number of Employees at Site at One Time: \_\_\_\_\_

*For applications regarding approval of a new business please refer to page three for information that should be included with a plan of operation or business plan.*

## Plan of Operation / Business Plan Submission Information

*For applications regarding approval of a new business please provide the following information in a written plan of operation or business plan.*

1. Name of Business, Address
2. Name of Owner, Address
3. Name of Applicant (if different from owner)
4. Legal Description of Property
5. Tax-Key
6. Zoning of Property
7. Lot Size (Depth, Width, Area)
8. Dimensions and all levels (floors) of buildings
9. Total Floor Area
10. Specific uses of the entire property and buildings
11. Minimum and maximum numbers of employees
12. Days of Operation
13. Hours of Operation
14. Signage (Type, Lighted?, Wall, Free-Standing, Monuments, Size, Location, etc)
15. What Conditions has the State or County imposed upon your use of the property?
16. Security Fencing
17. Do you feel there will be any problems such as Noise, Odors, Glare, Potential Fire Hazards, or Smoke resulting from the proposed use?
18. Are you proposing food services?
19. Did the State of Wisconsin approve your interior building plans?
20. What provisions are you making for fire protection and human safety?
21. What are your rules and regulations of the property?
22. List the Timetable for completion of building construction and anticipated opening date.
23. Proposed On-site Security Measures
24. Anticipated maximum number of facility users and viewers at one time (including special events)
25. Any other information you or the Plan Commission may determine is pertinent.
26. Business Plan
27. Entire Grant Application and County Issued Request for Proposal
28. Your Name, Signature, and Date on the Plan of Operation Document

### **OTHER INFORMATION REQUIRED**

In addition to the information above, the following items are also required:

- Complete set of building plans (floor plans, elevation drawings, artistic images).
- Set of any site and landscaping plans.
- Set of any lighting and sign plans.
- Cover correspondence to include a narrative description of the proposed use and operations.