



# TWO RIVERS

WISCONSIN

## **LAND DEVELOPMENT APPLICATION**

APPLICANT David J. Church TELEPHONE 414-737-1680

MAILING ADDRESS 12610 W. North Ct, New Berlin WI 53151  
(Street) (City) (State) (Zip)

PROPERTY OWNER DcoleTR LLC TELEPHONE 414-737-1680

MAILING ADDRESS 12610 W. North Ct. New Berlin WI 53151  
(Street) (City) (State) (Zip)

**REQUEST FOR:**

|                          |                                  |                                     |                           |
|--------------------------|----------------------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Comprehensive Plan Amendment     | <input checked="" type="checkbox"/> | Conditional Use           |
| <input type="checkbox"/> | Site/Architectural Plan Approval | <input type="checkbox"/>            | Annexation Request        |
| <input type="checkbox"/> | Subdivision Plat or CSM Review   | <input type="checkbox"/>            | Variance/Board of Appeals |
| <input type="checkbox"/> | Zoning District Change           | <input type="checkbox"/>            | Other                     |

**STATUS OF APPLICANT:**  Owner  Agent  Buyer  Other

PROJECT LOCATION 1509 Washington St TYPE OF STRUCTURE Free Standing Restaurant

PRESENT ZONING B1 REQUESTED ZONING B1

PROPOSED LAND USE Free Standing Restaurant with Drive Thru

PARCEL # 053 00007 07409 (000007107409) ACREAGE ~~1.65~~ 1.65

LEGAL DESCRIPTION Attached

**NOTE: Attach a one-page written description of your proposal or request.**

The undersigned certifies that he/she has familiarized himself/herself with the state and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct.

Signed David B. Church (Property Owner) Date 8-15-23

Fee Required

|          |  |
|----------|--|
| \$ 350   | Comprehensive Plan Amendment                           |
| \$ t/b/d | Site/Architectural Plan Approval (Listed in Sec 1-2-1) |
| \$ t/b/d | CSM Review (\$10 lot/\$30 min)                         |
|          | Subdivision Plat (fee to be determined)                |
| \$ 350   | Zoning District Change                                 |
| \$ 350   | Conditional Use  |
| \$ t/b/d | Annexation Request (State Processing Fees Apply)       |
| \$ 350   | Variance/Board of Appeals                              |
| \$ t/b/d | Other  |

### Schedule

Application Submittal Date \_\_\_\_\_  
Date Fee(s) Paid \_\_\_\_\_  
Plan(s) Submittal Date \_\_\_\_\_  
Plan Comm Appearance \_\_\_\_\_

\$ 350.00 TOTAL FEE PAID

APPLICATION, PLANS & FEE RECEIVED BY \_\_\_\_\_