



**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 Dcole TR 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 # 05300007107409 (000007107409) ACREAGE 0.65

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 J. Church Date 8-15-23
(Property Owner)

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 _____