



Department of City Planning
174 E. Wisconsin Avenue Oconomowoc, WI
www.oconomowoc-wi.gov | 262.569.2166

Architectural Building Review

The following information is required to be included and explained in your submittal. The submittal shall be 12 copies (no larger than 11"x17") and collated:

- This Application and \$75 Application Fee
- Project Summary / Narrative
- Overall site and building plan(s)
- Building elevation(s) to scale with dimensions
 - Identify true elevation markers and overall building height
 - Identify all building materials (*i.e. maker, color specs*)
- Color renderings of building elevation(s)
- Dumpster plan(s) and enclosure details (*i.e. colors, materials*)
- Exterior lighting plan(s) and details
- Landscaping plan and plant list
- [Email] All of the above in .pdf format (under 5MB) to Planning Staff
 - Jason Gallo, City Planner: JGallo@oconomowoc-wi.gov | phone: 262-569-2166
 - Kristi Weber, Planner: KWeber@oconomowoc-wi.gov | phone: 262-569-2173
- [At Meeting] Provide and present all building materials and color samples for project

Name of Applicant requesting the review: _____
 Applicant's Address (*include city, state and zip code*): _____
 Applicant's telephone number: _____
 Applicant's email address: _____

Name of Establishment requesting the review: _____
 Address of Establishment (*include city, state and zip code*): _____
 Name of Establishment's primary contact: _____
 Primary contact's telephone number: _____
 Primary contact's email address: _____

Property Owner of establishment requesting the review: _____
 Property Owner's Address (*include city, state and zip code*): _____
 Property Owner's telephone number: _____
 Property Owner's email address: _____

Desired Start Date: _____ **Anticipated** Completion Date: _____

Zoning of Property: _____ In the **Downtown District?** (*yes/no*) _____ **-OR-** on the **Isthmus?** (*yes/no*) _____

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Administrative filing fees are due at the time an application is filed with the City Clerk's Office and are not refundable. In addition to the Administrative fees, City Planning Staff time will be charged back to the applicant. The Applicant will receive monthly invoices of payments due.

As Applicant/Agent/Property Owner, I agree to pay all chargebacks and to conform to the approval given by the City Planning Department / Architectural Commission.

Signature _____

Date _____