

Deadline 8/15



CITY OF RACINE
General Application Form

Department of City Development
730 Washington Ave., Rm. 102
Racine, WI 53403
Phone: 262-636-9151
Fax: 262-635-5347

Type of Reviews

- 2035 Comprehensive Plan Amendment (\$0 Fee)
- Administrative Review (\$0 Fee)
- Certified Survey Map (\$170 + \$50 per lot)
- Conditional Use Permits (\$695 Fee)
- Design Review (\$0 Fee)
- Research Request (\$0 Fee)
- Rezoning (\$830 Fee)

APPLICANT NAME: Horizon Healthcare, Inc.
 ADDRESS: STREET: 835 Wisconsin Ave CITY: Racine STATE: WI ZIP: 53403
 TELEPHONE: 414-376-5577 CELL PHONE: 414-841-2972
 EMAIL: Tiffany@mtrcinc.org

AGENT NAME (IF APPLICABLE): Tiffany Sanchez
 ADDRESS: STREET _____ CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: _____ CELL PHONE: _____
 EMAIL: _____

PROPERTY ADDRESS (ES): 835 Wisconsin Ave Racine WI 53403
 CURRENT ZONING: O1
 CURRENT/MOST RECENT PROPERTY USE: unkown - office
 PROPOSED USE: Medical office
 PROPOSED ZONING (only if applicable): _____
 LEGAL DESCRIPTION AND TAXKEY (only required for CSM, Rezoning and Comprehensive Plan Amendments): _____

CURRENT COMPREHENSIVE PLAN DESIGNATION: (only for comp plan amendments) _____
 PROPOSED COMPREHENSIVE PLAN DESIGNATION: (only for comp plan amendments) _____

Are you the owner of the property included in the area of the requested zoning?
 Yes No Option to Purchase Lease

*NOTE: The owner of the property (if different than the applicant) must sign this application.

OWNER & APPLICANT AUTHORIZATION

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I agree that if this request is approved, it is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representation or conditions of approval. The applicant/owner by their signature understands and agrees that they are responsible for the completion of all on-site and off-site improvements as shown and approved on the final plan:

Owner (s) Signature: [Signature] Date 8-7-19
 Print Name: Michael Bannan, member ARZA, L.L.C.

Applicant (s) Signature: [Signature] Date 9/4/2019
 Print Name: Tiffany Sanchez Horizon Healthcare



CITY OF RACINE

CHECK LIST FOR DESIGN REVIEW

Department of City Development
730 Washington Ave., Rm. 102
Racine, WI 53403
Phone: 262-636-9151
Fax: 262-635-5347

- | | | |
|--|---|--|
| <input type="checkbox"/> Douglas Avenue | <input type="checkbox"/> Redevelopment Area | <input type="checkbox"/> West Racine |
| <input checked="" type="checkbox"/> Downtown | <input type="checkbox"/> State Street | <input type="checkbox"/> Young Industrial Park |
| <input type="checkbox"/> Olsen Industrial Park | <input type="checkbox"/> Uptown | |

BUSINESS REPRESENTATIVE Tiffany Sanchez

BUSINESS NAME: Horizon Healthcare, Inc.

BUSINESS ADDRESS: 835 Wisconsin Ave CITY: Racine STATE: WI ZIP: 53403

TELEPHONE: 414-376-5577 **CELL PHONE:** 414-841-2972

EMAIL: Tiffany@mtrcinc.org

SUBMITTAL REQUIREMENTS

- Cover Letter with brief description of project.
- Plans displaying the following information:
 - Name of development or project
 - Developer's and/or owner's name, address, phone number, facsimile number.
 - Name of person and/or firm preparing plans along with address, phone number, facsimile number.
 - The most current date of preparation/revision

If the project is for a Sign, Submit...

- Sign plan drawn to scale showing the design, materials, height, size, location, illumination method, method of installation and number of signs.
- Perpendicular color photo of your building, the buildings on each side of your building, and the buildings across the street.
- Dimensioned color rendering or digitally enhanced color photo of the proposed signage as it will appear when installed.
- Materials samples sign lens, color chips, base materials, anchoring devices (photos or spec. sheets are acceptable).

If your project includes awnings or canopies, Submit...

- NA
- A plan drawn to scale showing dimensions of projection, drop, valances, height above sidewalk, distance to curb.
 - Perpendicular color photo of your building, the buildings on each side of your building, and the buildings across the street.
 - Dimensioned color rendering or digitally enhanced color photo of the proposed awning as it will appear when installed.
 - Materials samples of awning materials, support structures, anchoring devices (spec. sheets are acceptable), color chips, etc.

If your project is an exterior remodeling or façade restoration, Submit...

- NA
- Architectural treatment of all building exteriors and include materials samples and color chips.
 - Roof-top equipment descriptions (submit dimensioned brochures, drawings or photos) if applicable.
 - Dimensioned and to-scale building elevations showing materials, textures and colors (include materials samples and color chips).
 - Dimensioned and to-scale color rendering of exterior elevations (include color chips) Roof-top equipment descriptions (submit dimensioned brochures, drawings or photos) if applicable.
 - Dimensioned and to-scale building elevations showing materials, textures and colors (include materials samples and color chips).

- Dimensioned and to-scale color rendering of exterior elevations (include color chips)
- Dimensioned sign plan drawn to scale showing design, materials, height, size, location, number of, illumination method, etc.(see sign submittal requirements).
- Dimensioned and to-scale awning or canopy plan (see sign submittal requirements).

If your project is a building addition or new construction, Submit...

- Dimensioned and to-scale plot plan showing:
 1. North arrow and scale.
 2. Location of structure(s) on lot.
 3. Parking and access drive locations, parking stall dimensions, curbing, tire stops, loading docks, lighting, etc.
 4. Trash and utility areas, including design, materials, size, location, access to, screening, etc (include materials samples).
 5. Landscaping showing type, size and placement, fencing, berming, walls, screening, etc.
 6. Outdoor lighting showing direction of beam, intensity, and height and type of fixtures (include spec. sheets or drawings).
 7. Location of all easements.
 8. Surface treatment of all outside areas (i.e. Grass, asphalt, concrete, paver stones, etc.)
 9. Location of sewer and water lines, gas, electric, telephone, etc.
 10. On-site surface water drainage, grading, building ground elevations, and storm drainage systems.
 11. Parking plans showing number of parking spaces and location.
- Dimensioned and to-scale sign plan showing design, materials, height, size, location, number of, etc. (see sign submittal reqs).
- Dimensioned and to-scale awning or canopy design (see awning submittal requirements).
- Dimensioned and to-scale building plans showing design attributes such as:
 1. Architectural treatment of all building exteriors (provide materials samples).
 2. Roof-top equipment (submit dimensioned brochures, drawings or photos).
 3. Exterior building elevations showing materials, textures and colors (provide materials samples and color chips).
 4. Color rendering of exterior elevations of building (provide color chips).
 5. Floor plans.
 6. Entrances, exits, loading docks, storage areas and building service areas.
- A schedule of project information such as:
 1. Lot area.
 2. Number, density, size and distribution of dwelling units (if applicable).
 3. Total square feet in building(s) by floor.
 4. Zoning of the project site.

OTHER REQUIRED INFORMATION (If applicable).

Number of employees; Hours of operation; Truck traffic and size of truck; Description of business, including machinery used, processes involved, products produced, noise and emissions created; Future expansion.

I certify that all items checked above have been provided. I understand that not providing all of this information may result in an incomplete application and delay the consideration of my project for approval.

SIGNATURE:  DATE: 9/23/2019

Top Banner - Large Portion



Top Banner- Small Portion



Ground Sign



835 Wisconsin Ave.

Developer: Horizon Healthcare, Inc.

Address: 4650 S. Howell Ave. Milwaukee, WI 53207

Phone: (414) 841-2972

Fax: (414) 939-7145

Prepared by: John Tyborski

Address: 4250 S. Whitnal Ave. Milwaukee, WI 53207

Phone: (414) 405-1904

Fax: (414) 255-3828

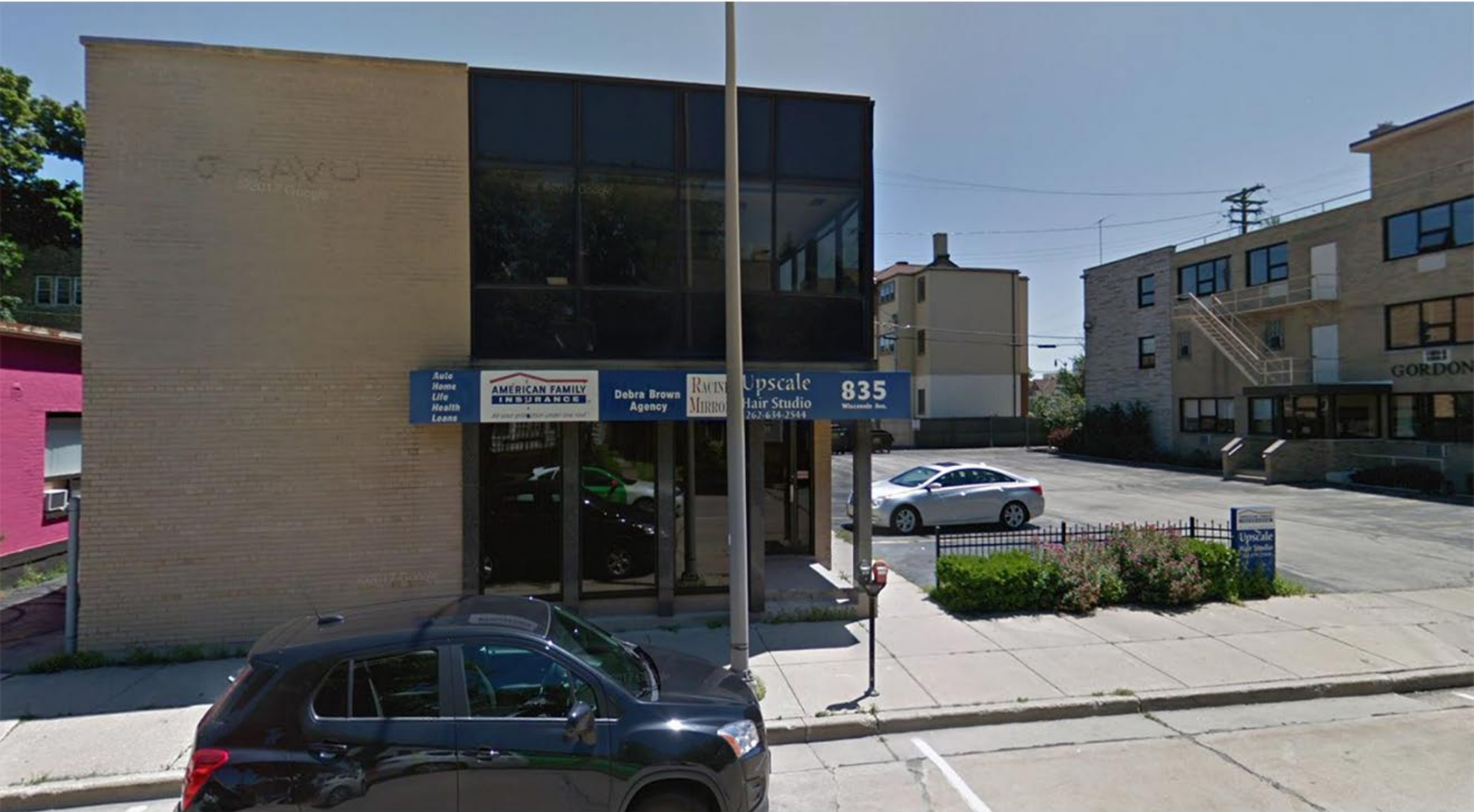
Materials: Vinyl Adhesive Film - Multiple Colors

Notes: Signage is already in place and was being utilized by prior lessor, we will simply be adhering new vinyl signage lettering to the current signage in place.

Current Signage



Location / Adjacent Buildings



835 Wisconsin Ave.
Old Signage

Location / Adjacent Buildings



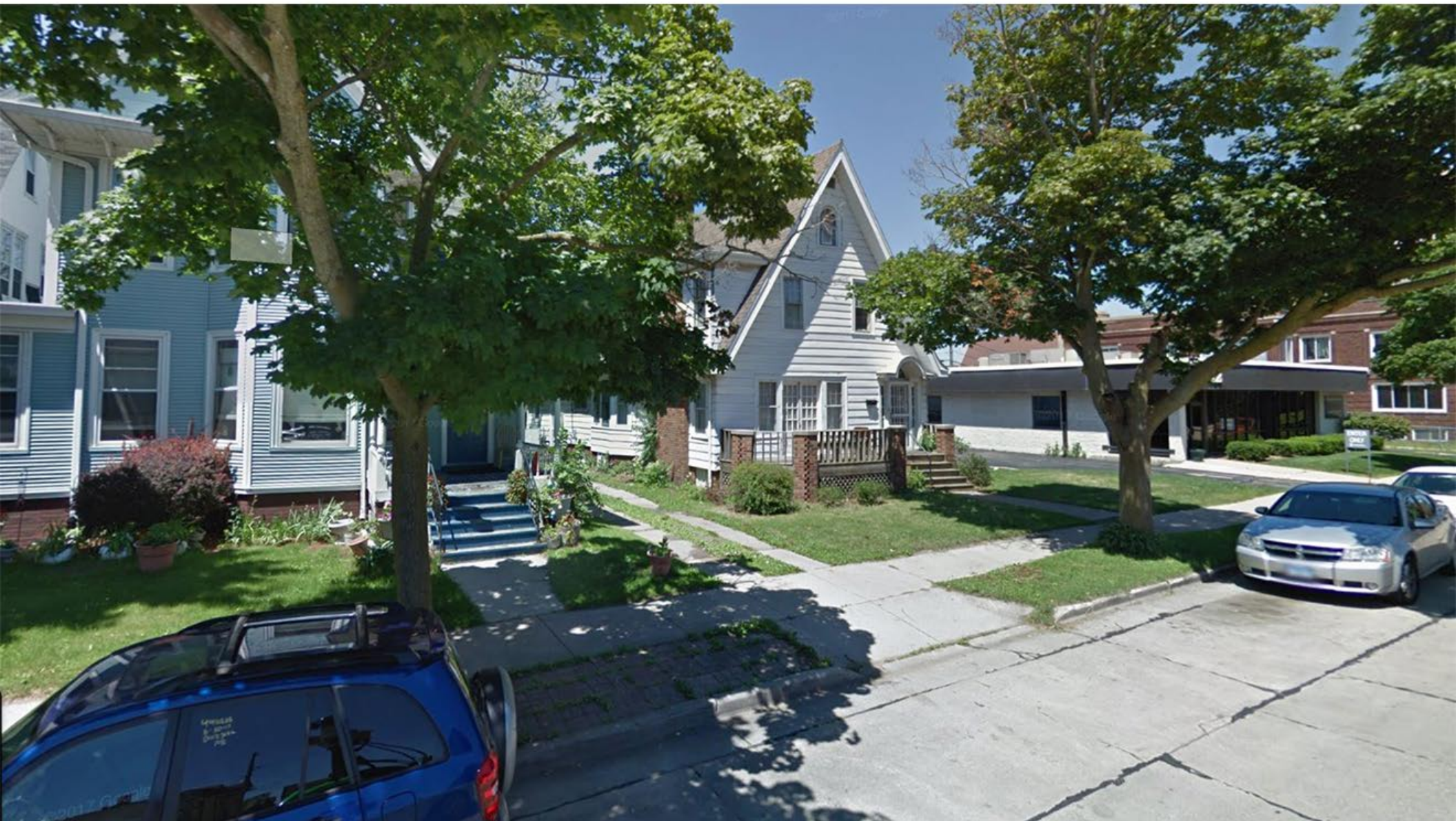
845 Wisconsin Ave.
Adjacent Building - Shared Parking Lot

Location / Adjacent Buildings



829 Wisconsin Ave.
Adjacent Building - Left Side

Location / Adjacent Buildings



Opposite Site of the Street