

## **CITY OF RACINE**

## **General Application Form**

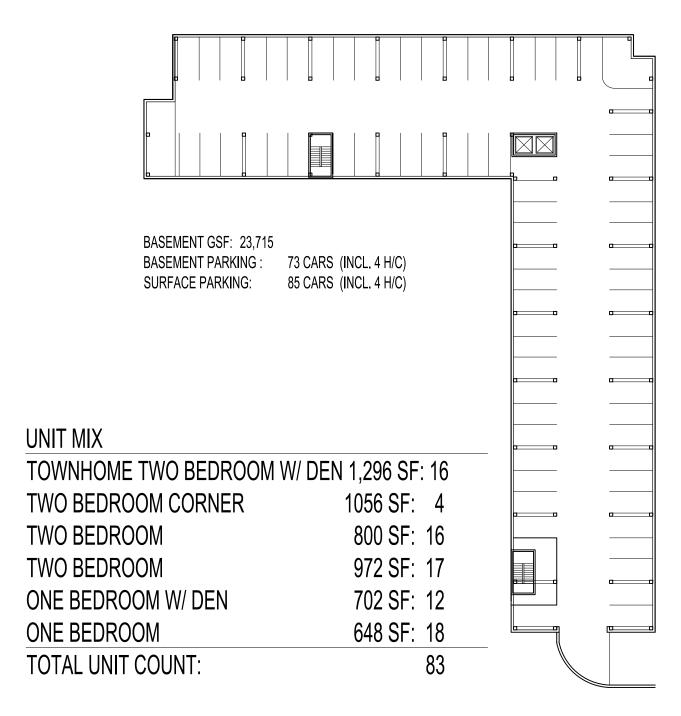
Department of City Development 730 Washington Ave., Rm. 102

Racine, WI 53403 Phone: 262-636-9151 Fax: 262-635-5347

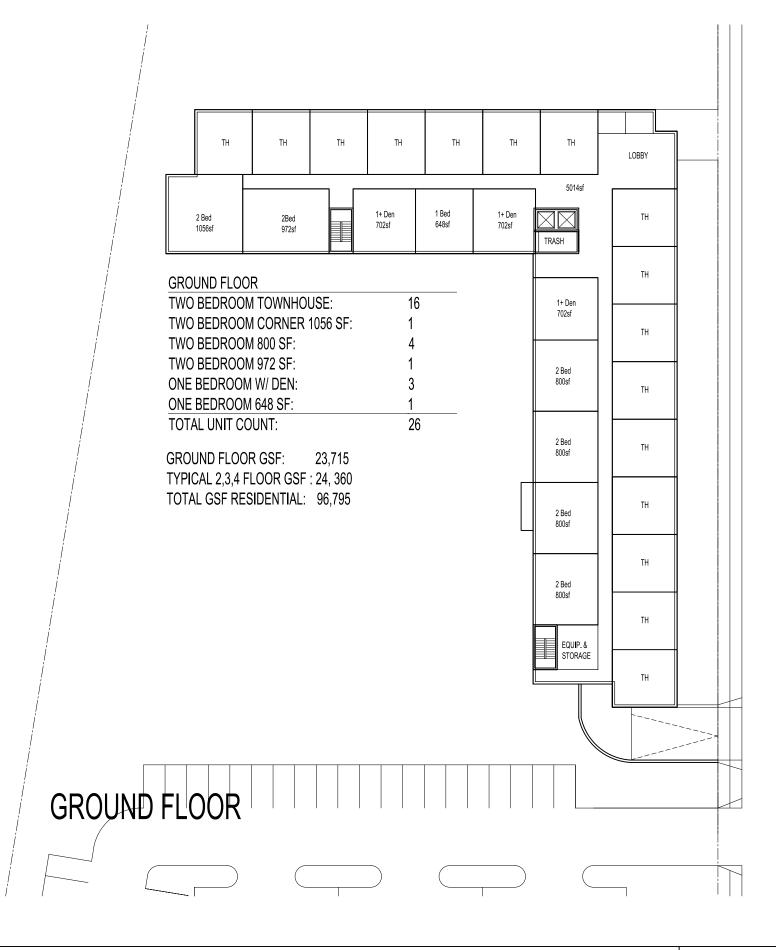
	Type of Reviews						
	2035 Comprehensive Plan		Certified Survey Map		Design Review (\$0 Fee)		
	Amendment (\$0 Fee)		(\$170 + \$50 per lot)		Research Request (\$0 Fee)		
	Administrative Review		<b>Conditional Use Permits</b>	×	Rezoning (\$830 Fee)		
	(\$0 Fee)		(\$695 Fee)		· .		
APPLICANT NAME: Cardinal Capital Management, Inc.							
ADDRESS: STREET: 901 S. 70th Street CITY: West Allis STATE: WI ZIP: 53214							
TELEPH	IONE: <u>414-395-4993</u>	CELL F	PHONE: <u>410-236-8649</u>	)			
EMAIL:	jguzman@cardinalcapital.	us					
<u>AGENT</u>	NAME (IF APPLICABLE): SS: STREET ONE:						
ADDRE	SS: STREET		CITY:	s	TATE:ZIP:		
TELEPH	ONE:	CELL F	PHONE:	***************************************			
EMAIL:			***************************************				
	4 = 0 . 01 . 1	~					
	rty address (es): 1520 Clark	Street;	1536 Clark Street				
	nt zoning: <u>I2FD</u>						
CURRE	NT/MOST RECENT PROPERTY USE	:: <u>Indus</u>	strial		·		
PROPO	sed use: Multifamily reside	<u>ntial</u>		·			
PROPO	SED ZONING (only if applicable): .	<u>R-5</u>					
LEGAL DESCRIPTION AND TAXKEY (only required for CSM, Rezoning and Comprehensive Plan Amendments): BLK 84 SECTION BLAKE + HISH'S SUB PT DESC VOL 1651 RECS PG 473 + ADI VAC BLAKE ST (AKA HIGGINS CT) & PT VACA FIFTEENTH ST AS DESC IN DOC #2441026; 3:12 AC MOL							
CURRE	NT COMPREHENSIVE PLAN DESIG	NATION:	(only for comp plan ame	ndments)			
	SED COMPREHENSIVE PLAN DESI						
			,				
Are you	the owner of the property include	ded in th	e area of the requested z	oning?			
			Purchase	_			
		•					
*NOTE:	The owner of the property (if di	fferent tl	nan the applicant) must s	ign this applicati	on.		
			•••				
OWNER	R & APPLICANT AUTHORIZATION						
		tatement	s made by myself and cor	stituting part of	this application are true and		
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							
					<del>-</del>		
that they are responsible for the completion of all on-site and off-site improvements as shown and approved on the final plan:							
pian.							
Owner	(s) Signature:			Da	te		
Print Name:							
				<del></del>			
Applicant (s) Signature: Date 10/29/18							
Print Name: Erich Schwenker, Pres., Cardinal Capital Management, Inc.							







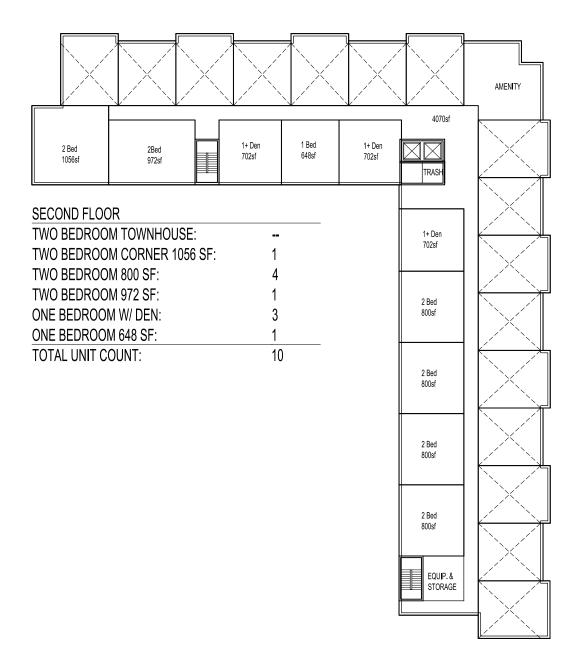
**BASEMENT** 

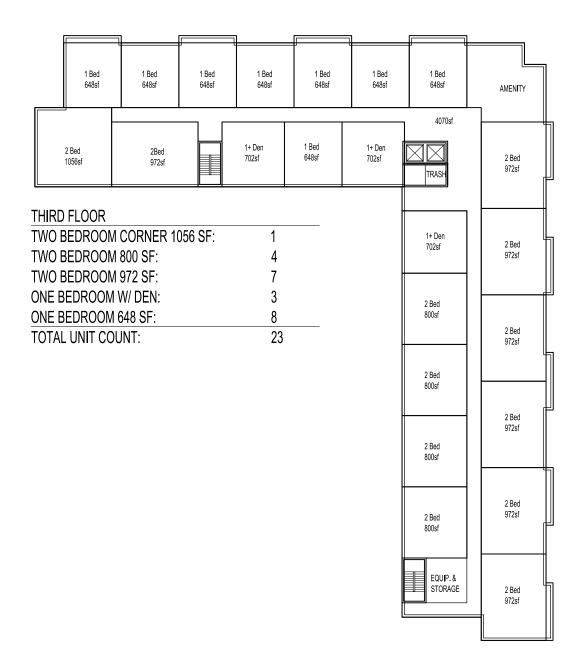








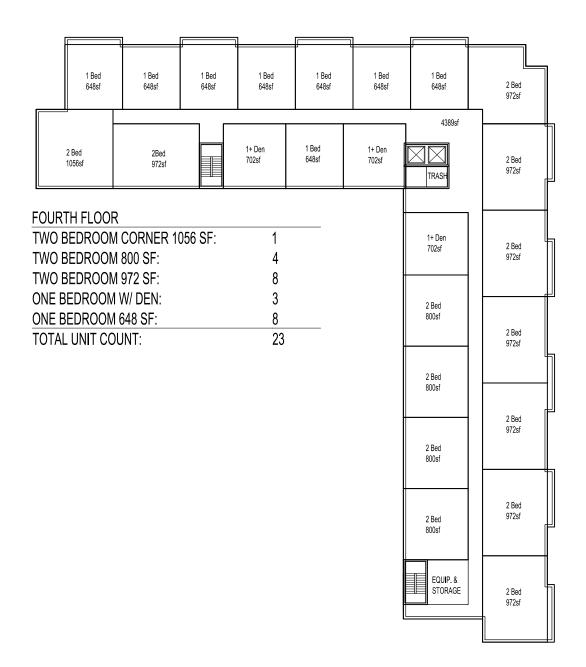




SECOND FLOOR THIRD FLOOR





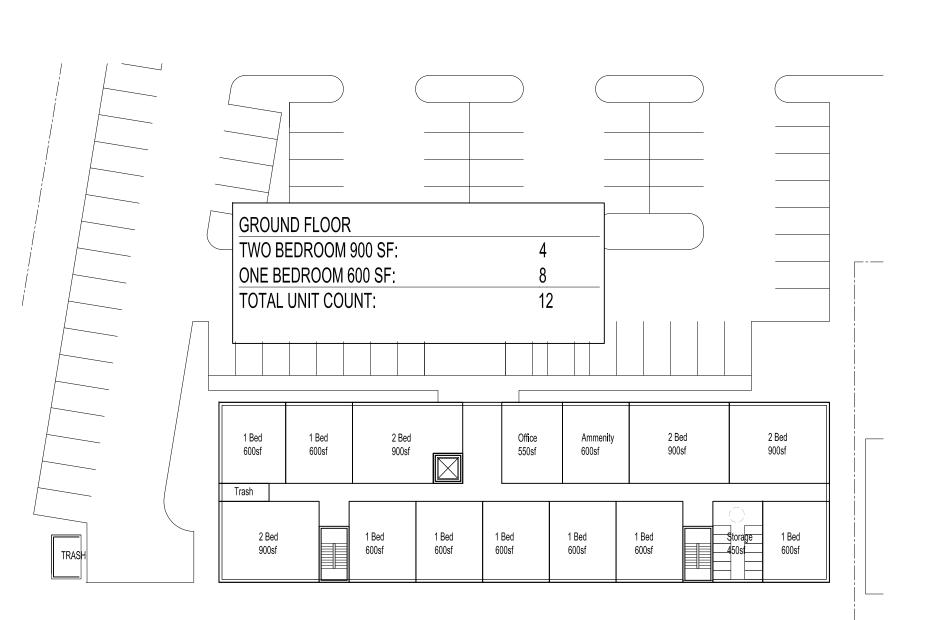


FOURTH FLOOR



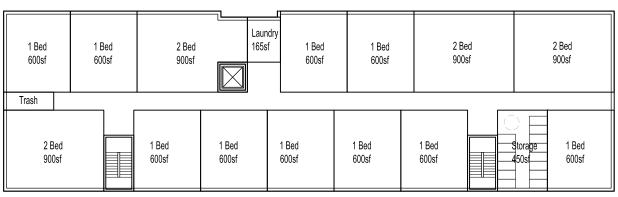


TOTAL UNIT MIX	
TWO BEDROOM	900 SF: 16
ONE BEDROOM	600 SF: 38
TOTAL UNIT COUNT:	54
TOTAL GSF:	48,726 SF



## SECOND & THIRD FLOORS

TWO BEDROOM 900 SF:	4
ONE BEDROOM 600 SF:	10
TOTAL UNIT COUNT:	14



## FOURTH FLOOR

TWO BEDROOM 900 SF:	1
TWO BEDROOM 900 SF.	4
ONE BEDROOM 600 SF:	10
TOTAL UNIT COUNT:	14

