

Date

PLAN COMMISSION APPLICATION

The Plan Commission meets at 6pm on the last Monday of the month except for holidays. Application deadlines can be found Online at www.caledonia-wi.gov.

Applicant (Please print or type) Date: 02/07/2025						
Name: Jeffrey E. Bridleman						
Business Name: Partners In Design Architects						
Addr	ess: 600 52nd Street Suite	220				
City:	Kenosha	State: WI			Zip: 53140	
Phon	Email: jeffb@pidarchitects.com				.com	
Property Owner (This section can be left blank if same as above)						
Name	Peter Reynolds					
Business Name: Racine Unified School District (RUSD): Gifford School						
Address: 3109 Mount Pleasant Street						
	Racine	State: WI			Zip: 53404	1
			Email: De	ter.reynolds@rus	sd.org	
	e: 262-631-7014			tor.reynoldee rad		*REQUIRES a Pre-Development
Development Application (Check all that apply)				Zoning Text Amen	dment* \$500	Agreement with \$2,000 Deposit submitted separately.
	Rezoning* \$750			Temporary Use \$300		
	Conditional Use* \$750 Conditional Use Amendment* \$500			Master Sign Plan \$150		
=	Planned Unit Development* \$750			Certified Survey Map \$1,000 Deposit		
=	Planned Unit Development Amendment* \$500			Subdivision Plat (concept/preliminary/final) \$3,000 deposit		
	Comprehensive Plan Amendment* \$750			Raymond Boundary Agreement* \$500		
	Building, Site, & Operation Plan* \$500			Right-of-Way Vacation* \$500		
evelopment Location/Address: 8332 Northwestern Ave, Racine, WI 53406						
Tax Key Number(s): 104-04-22-34-064-000						
Sig	I hereby certify that I have read and full understand the rezoning and pre-development agreement procedures and failure to comply with the Village requirements will result in this application being withheld from consideration. Signature of Property Owner Signature of Applicant (Working as Agent for owner)					
	2/10/25			02/10/2023		

Date