

Planning Application



Project Name The Market at Six Points Medical Office Building

Applicant or Agent for Applicant

Name Ian Martin
 Company Mandel Group, Inc.
 Address 301 E Erie Street
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-270-2745
 E-mail Address imartin@mandelgroup.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name City of West Allis
 Company _____
 Address 7525 W Greenfield Ave
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-302-8460
 E-mail Address _____
 Fax Number _____

Property Information

Property Address 6609 W Greenfield Ave
 Tax Key No. 454-0651-000
 Aldermanic District 1
 Current Zoning C-3; PDD-1
 Property Owner City of West Allis
 Property Owner's Address 7525 W Greenfield Ave
 Existing Use of Property Vacant
 Previous Occupant N/A
 Total Project Cost Estimate \$4.5

Application Type and Fee

(Check all that apply)

- Special Use: (Public Hearing Required) \$500
- Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999)
- Level 2: Site, Landscaping, Architectural Plan Review \$250 (Project Cost \$2,000-\$4,999)
- Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)
- Site, Landscaping, Architectural Plan Amendment \$100
- Extension of Time \$250
- Signage Plan Appeal \$100
- Request for Rezoning \$500 (Public Hearing Required)
Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500
- Planned Development District \$1,500 (Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$600
- Certified Survey Map Re-approval \$50
- Street or Alley Vacation/Dedication \$500
- Transitional Use \$500 (Public Hearing Required)
- Formal Zoning Verification \$200

In order to be placed on the Plan Commission agenda, the Department of Development MUST receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.

- Completed Application
- Corresponding Fees
- Project Description
- One (1) set of plans (24" x 36") - check all that apply
 - Site/Landscaping/Screening Plan
 - Floor Plans
 - Elevations
 - Certified Survey Map
 - Other
- One (1) electronic copy of plans
- Total Project Cost Estimate

Please make checks payable to:
City of West Allis

FOR OFFICE USE ONLY

Plan Commission 9/6/17
 Common Council Introduction _____
 Common Council Public Hearing 9/19/17: (CJM)

Applicant or Agent Signature _____

Date 7/28/2017

Property Owner Signature _____

Date 8-1-17

Ian B. Martin, VP/Development
John F. Stibel



Order: WALSBRI Type: DC Drawer: 1
Date: 7/26/17 21 Receipt no: 52268
60 DEV LVL 3 SITE-ARCH PLAN \$500.00

MANDEL GROUP, INC.
6L -1 CERTIFIED SURVEY MAP \$570.00

MANDEL GROUP, INC.
6L -2 CNTY CERT SURVEY MAP \$30.00

MANDEL GROUP, INC.
CK CHECK PAYMEN 45009 \$1100.00
Total tendered \$1100.00
Total payment \$1100.00

Trans date: 7/26/17 Time: 15:17:35