

Planning Application



Project Name GILL Automotive

Applicant or Agent for Applicant

Name Baiget Gill
 Company _____
 Address 330 Northland Dr.
 City Rockford State MI Zip 49341
 Daytime Phone Number 708-793-2949
 E-mail Address bgill708@gmail.com
 Fax Number 616-866-0000

Agent is Representing (Tenant/Owner)

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 E-mail Address _____
 Fax Number _____

Property Information

Property Address 9435 W. Lincoln Ave
 Tax Key No. 486-0053-000
 Aldermanic District _____
 Current Zoning _____
 Property Owner E.A. JAGOG
 Property Owner's Address _____
 Existing Use of Property Auto Repair
 Previous Occupant _____
 Total Project Cost Estimate 10,000

Application Type and Fee

(Check all that apply)

- Special Use: (Public Hearing Required) \$500 GH
- Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999) GM
- 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")
 - 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 10/26/16
 Common Council Introduction 10/18/16
 Common Council Public Hearing 11/1/16

Applicant or Agent Signature _____ Date 9-19-15

Property Owner Signature E.A. Jagog Date 9-22-16



