

*2nd AGENT, APPROVAL NO. CHECK OR CHECK CASE?*  
 Ignore  


# Planning Application

Project Name 8410 W Cleveland-CBRF

### Applicant or Agent for Applicant

Name ROBERT CHANDLER  
 Company MIDWEST COMMERCIAL FUNDING, LLC  
 Address 7213 HWY 41  
 City CALEDONIA State WI Zip 53108  
 Daytime Phone Number 414-731-1151  
 E-mail Address ROBERT.CHANDLER@LIVE.COM

### Agent is Representing (Tenant/Owner)

Name DAVID KOSCIELNIAK, ALA  
 Company KOZ-I-TECTURE  
 Address 12310 WEST WATERFORD AVE  
 City GREENFIELD State WI Zip 53228  
 Daytime Phone Number 414-303-8489  
 E-mail Address KOZ@KOZITECTURE.COM

### Property Information

Property Address 8410 W. CLEVELAND AVE  
 Tax Key No. 0002487025 481-0250-002  
 Aldermanic District 4TH DISTRICT  
 Current Zoning C2  
 Property Owner MIDWEST COMMERCIAL FUNDING, LLC  
 Property Owner's Address 7213 HWY 41  
CALEDONIA, WI 53108  
 Existing Use of Property VACANT OFFICE  
 Previous Occupant \_\_\_\_\_  
 Total Project Cost Estimate 4,500,000

### Application Type and Fee (Check all that apply)

- Special Use: (Public Hearing Required) \$525 (GH)
- Level 1: Site, Landscaping, Architectural Plan Review \$125 (GM)  
(Project Cost \$0-\$1,999)
- Level 2: Site, Landscaping, Architectural Plan Review \$275 (GN)  
(Project Cost \$2,000-\$4,999)
- Level 3: Site, Landscaping, Architectural Plan Review \$525 (GO)  
(Project Cost \$5,000+)
- Site, Landscaping, Architectural Plan Amendment \$125 (GP)
- Extension of Time \$275 (GT)
- Master Sign Program Review \$125 (GR)
- Sign Plan Appeal \$125 (GS)
- Request for Rezoning \$600 (Public Hearing Required) (GJ)  
Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_
- Planned Development District \$1,525 (Public Hearing Required) (GK)
- Subdivision Plats \$1,700 (GO)
- Certified Survey Map \$750 (GL)
- Certified Survey Map Re-approval \$75 (GY)
- Street or Alley Vacation/Dedication \$525 (GI)
- Formal Zoning Verification \$225 (B9)

**In order to be placed on the Plan Commission agenda, Planning & Zoning 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
- Set of plans (electronic) - check all that apply
  - Site/Landscaping/Screening Plan
  - Floor Plans
  - Elevations
  - Certified Survey Map
  - Other

Items shall be emailed to [Planning@westalliswi.gov](mailto:Planning@westalliswi.gov)  
 Please make checks payable to: City of West Allis

### FOR OFFICE USE ONLY

Application Received 9-24-21  
 Plan Commission 10-27-21  
 Publication Date \_\_\_\_\_  
 Common Council Introduction 11-16-21  
 Common Council Public Hearing 11-16-21

Applicant or Agent Signature *R Chandler* Date 9/23/2021

Property Owner Signature *R Chandler* Date 9/23/2021



Opnr: WALSHB8 Type: DC Drawer: 1  
Date: 9/24/21 01 Receipt no: 58086  
OH DEV SPECIAL USE PERMIT  
1.00 \$525.00  
DAVID KOCIELNIAK  
80 DEV LVL 3 SITE-ARCH PLAN R  
1.00 \$525.00  
DAVID KOCIELNIAK  
OK CHECK PAYMEN 1839 \$1050.00  
Total tendered \$1050.00  
Total payment \$1050.00

Trans date: 9/24/21 Time: 16:28:28

10/1/21  
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