

# Planning Application Form



Project Name O'Connor's

### Applicant or Agent for Applicant

Name Michael O'Connor  
 Company O'Connor's Perfect Pint  
 Address 8423 W. Greenfield Ave  
 City West Allis State WI Zip 53214  
 Daytime Phone Number 414.254.4000  
 E-mail Address oconnorsperfectpint@yahoo.com  
 Fax Number \_\_\_\_\_

### Agent is Representing (Tenant/Owner)

Name Mike O'Connor  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_

### Property Information

Property Address 8423 W. Greenfield Ave  
 Tax Key No. 24960  
 Aldermanic District \_\_\_\_\_  
 Current Zoning \_\_\_\_\_  
 Property Owner Michael O'Connor  
 Property Owner's Address 15435 Carpenter Rd  
Blackfield 53005  
 Existing Use of Property O'Connor's Perfect Pint  
 Previous Occupant Mr. Guinness  
 Total Project Cost Estimate \$40,000

### Application Type and Fee

(Check all that apply)

- Special Use: \$500 (Public Hearing Required)
  - 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")
  - 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 6/25/14  
 Common Council Introduction 6/17/14  
 Common Council Public Hearing 7/2/14

Applicant or Agent Signature [Signature]

Date 5-29-14

