Planning Application Form



Project Name Lucky BAKERY & BBQ

Applicant or Agent for Applicant	Agent is Representing (Tenant/Owner)
Name XIN TENS CHEN	
or Company Roy T. Kwok	Name
Address 900 Z W. LISBON AV. UNIT 20	Company
City MOUKEE State W. Zip 5323	
Daytime Phone Number 414 - 616 - 8886	Daytime Phone Number
E-mail Address Roy TKWOK @ YAHOO COM	Daytime Phone Number
Fax Number 866-669-6854	E-mail Address
/ /	
Property Information	Application Type and Fee
Property Address 11078 W. NATIONAL A	(Check all that apply)
Tax Key No	Special Use: \$500 (Public Hearing Required)
Aldermanic District	Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999)
Property Owner New NATIONAL PLAZA	Level 2: Site, Landscaping, Architectural Plan Review \$250
Property Owner's Address 11800 W. R.A (EV A	(Flojeci Cost \$2,000-\$4,999)
Existing Use of Property RESTOURANT	Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)
Previous Occupant	Site, Landscaping, Architectural Plan Amendment \$100
	□ Extension of Time \$250
Total Project Cost Estimate	□ Signage Plan Appeal \$100
	 Request for Rezoning \$500 (Public Hearing Required)
In order to be placed on the Plan Commission	Existing Zoning: Proposed Zoning:
agenda, the Department of Development Must	□ Request for Ordinance Amendment \$500
receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.	 Planned Development District \$1,500 (Public Hearing Required)
	□ Subdivision Plats \$1,700
Completed ApplicationCorresponding Fees	□ Certified Survey Map \$600
Project Description —	☐ Certified Survey Map Re-approval \$50
One (1) set of plans (24" x 36")	☐ Street or Alley Vacation/Dedication \$500
Site/Landscaping/Screening Plan Floor Plans	
<u>D</u> Elevations	reduired)
☐ Certified Survey Map ☐ Other	□ Formal Zoning Verification \$200
One (1) electronic copy of plans	
□ Total Project Cost Estimate	FOR OFFICE USE ONLY
Place make chacks neverble to	Plan Commission _ 5 ut \ 33, 20 H
Please make checks payable to: City of West Allis	Common Council Introduction
Ony of West Ams	Common Council Public Hearing August 5 >0 H

Applicant or Agent Signature



