

Planning Application



Project Name SUNRISE SPA

Applicant or Agent for Applicant

Name SHUYING (JENNIFER) DING
 Company _____
 Address 621 N. LYNNDALE DR
 City APPLETON State WI Zip 54914
 Daytime Phone Number 920-216 6096
 E-mail Address minzi666@163.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name BRIAN SMITH
 Company _____
 Address W3354 BELGIUM KONLER RD
 City BELGIUM State WI Zip 53004
 Daytime Phone Number 920-980-3593
 E-mail Address bdldsmith@gmail.com
 Fax Number _____

Property Information

Property Address 10827 W. LINCOLN AVE.
 Tax Key No. 484-0008-000
 Aldermanic District 5
 Current Zoning C-4
 Property Owner KOSLOSKY INVESTMENTS
 Property Owner's Address 10827 W. LINCOLN AVE
WEST ALLIS, WI
 Existing Use of Property VACANT
 Previous Occupant Great Lakes Dermatology
 Total Project Cost Estimate _____

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 5/28/14
 Common Council Introduction 5/20/14
 Common Council Public Hearing 6/3/14

Applicant or Agent Signature

Date 4-22-14

