

Planning Application



Project Name West Quarter

Applicant or Agent for Applicant

Name Scott Yauck
 Company West Quarter East, LLC c/o Cobalt Partners, LLC
 Address 207 North Milwaukee Street
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-271-5000
 E-mail Address syauck@cobaltpartnersllc.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name _____
 Company West Quarter East, LLC c/o Cobalt Partners, LLC
 Address 207 North Milwaukee Street
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-271-5000
 E-mail Address syauck@cobaltpartnersllc.com
 Fax Number _____

Property Information

Property Address 1126 South 70th Street
 Tax Key No. 4390001026
 Aldermanic District 1
 Current Zoning C-3, PDD-2 Overlay
 Property Owner West Quarter East, LLC
 Property Owner's Address 207 North Milwaukee Street, Milwaukee, WI 53202
 Existing Use of Property Commercial/Office
 Previous Occupant Allis-Chalmers
 Total Project Cost Estimate n/a

Application Type and Fee

(Check all that apply)

- Special Use: (Public Hearing Required) \$500
- 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 \$725
- Certified Survey Map Re-approval \$75
- 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") - check all that apply
 - 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 12-11-19
 Common Council Introduction 12-03-19
 Common Council Public Hearing 12-17-19

Applicant or Agent Signature _____ Date 10.31.19

Property Owner Signature _____ Date _____

City of West Allis | 7525 W. Greenfield Ave. | West Allis, WI 53214
 (414) 302-8460 | (414) 302-8401 (Fax) | www.westalliswi.gov/planning



15040.001

Job code 19-104

Oper: WALSB7B1 Type: OC Drawer: 1
Date: 11/01/19 01 Receipt no: 73612
GL -1 CERTIFIED SURVEY MAP \$695.00
WEST QUARTER EAST, LLC 1.00
GL -2 CNTY CERT SURVEY MAP \$30.00
WEST QUARTER EAST, LLC 1.00
CK CHECK PAYMEN 1000 \$725.00
Total tendered \$725.00
Total payment \$725.00
Trans date: 11/01/19 Time: 12:22:37

