

Planning Application



Project Name The Market at Six Points (Grocery Store - SUP)

Applicant or Agent for Applicant

Name Ian Martin
 Company Mandel Group, Inc.
 Address 301 E. Erie Street
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414.270.2745
 E-mail Address imartin@mandelgroup.com
 Fax Number 414.347.3619

Agent is Representing (Tenant/Owner)

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Property Information

Property Address 6701 W National Ave
 Tax Key No. TBD
 Aldermanic District District 1
 Current Zoning C-3, PDD-1
 Property Owner West Allis Community Development Authority
 Property Owner's Address 7525 W Greenfield Avenue, West Allis, WI 53214
 Existing Use of Property Vacant
 Previous Occupant West Allis Community Development Authority
 Total Project Cost Estimate

Application Type and Fee

(Check all that apply)

- ☒ Special Use: (Public Hearing Required) \$500 GH
- ☐ 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 5-25-16
 Common Council Introduction 5-17-16
 Common Council Public Hearing 6-7-16

Applicant or Agent Signature _____ Date _____

Property Owner Signature [Signature] Date 5-14-16



04/28/2016

MANDEL GROUP, INC.

CHECK NO: 0000042728 CITY OF WEST ALLIS (CITYWE)

| Invoice Date | Invoice Number | Property ID | Expense Code | Amount Paid |
|--------------|---------------------|-------------|--------------|-------------|
| 04/28/2016 | ZONING&SUB APP FEES | 10100 | 1340-005 | \$6,200.00 |
| | | | | \$6,200.00 |

Date: 5/13/16 01 Receipt no: 34938

GH DEV SPECIAL USE PERMIT 1.00 \$500.00

MANDEL SUP 6611 W MAT'L 1.00 \$500.00

GO DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00

MANDEL LVL3 1465 S SIX 1.00 \$500.00

GH DEV SPECIAL USE PERMIT 1.00 \$500.00

MANDEL SUP 1465 S SIX PT 1.00 \$500.00

GH DEV SPECIAL USE PERMIT 1.00 \$500.00

MANDEL SUP 1607 S SIX PT 1.00 \$500.00

GH DEV SPECIAL USE PERMIT 1.00 \$500.00

MANDEL SUP 1615-1625 S 66 1.00 \$500.00

GO DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00

MANDEL LVL3 1615-1625 S 1.00 \$500.00

GH DEV SPECIAL USE PERMIT 1.00 \$500.00

MANDEL 6701 W MAT'L 1.00 \$500.00

GH DEV SPECIAL USE PERMIT 1.00 \$500.00

MANDEL SUP 6503 W MAT'L 1.00 \$500.00

GO DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00

MANDEL LVL3 6503 W MAT'L 1.00 \$500.00

GL -1 CERTIFIED SURVEY MAP 1.00 \$570.00

MANDEL CSM 14** S SIX PT 1.00 \$30.00

GL -2 CNTY CERT SURVEY MAP 1.00 \$30.00

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MANDEL CSM 45406-41000 1.00 \$30.00

GL -2 CNTY CERT SURVEY MAP 1.00 \$30.00

MANDEL CSM 45406-41000 1.00 \$30.00

GO DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00

MANDEL LVL3 6611-6701 MAT 1.00 \$500.00

CK CHECK PAYMEN 42720 \$500.00

Total tendered \$500.00

Total payment \$500.00

Trans date: 5/03/16 Time: 12:24:42