



Planning Application

Project Name Bambu

Applicant or Agent for Applicant

Name Duc Nguyen
Company _____
Address 5247 S 22nd PL
City Milwaukee State WI Zip 53221
Daytime Phone Number 414-216-8030
E-mail Address DucNguyen403@gmail.com
Fax Number _____

Agent is Representing (Tenant/Owner)

Name Thomas E. Weigend
Company Oak Park Apartments Partnership, LLC c/o Colliers International
Address 833 E. Michigan Street, Suite 500
City Milwaukee State WI Zip 53202
Daytime Phone Number 414-278-6805
E-mail Address Tom.Weigend@Colliers.com
Fax Number 414-276-9501

Property Information

Property Address 10708 W. Oklahoma Avenue
Tax Key No. 519-9994-000
Aldermanic District 5
Current Zoning C-4
Property Owner Oak Park Apartments Partnership, LLC
Property Owner's Address 833 E. Michigan Street, Suite 500
Milwaukee, WI 53202
Existing Use of Property Commercial Retail
Previous Occupant Smokers Pub

Total Project Cost Estimate 490,000

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) GM
- 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 - on file
 - 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 10-28-20
Common Council Introduction _____
Common Council Public Hearing 11-4-20

Applicant or Agent Signature [Signature] Date 10/02/20

Property Owner Signature [Signature] Date 10/02/2020



User: WILSON Type: CC Drawer: 1
Date: 10/06/20 01 Receipt no: 56646
BH DEV SPECIAL USE PERMIT 1.00 \$500.00
D&E MAIL PRODUCT LLC 1.00 \$100.00
BH DEV LVL 1 SITE-ARCH PLAN R 1.00 \$100.00
D&E MAIL PRODUCT LLC 1.00 \$100.00
CK CHECK PAYMEN 1.00 \$600.00
Total tendered \$600.00
Total payment \$600.00

Trans date: 10/06/20 Time: 11:56:42