



File Number

Title

City of West Allis Matter Summary

Status

7525 W. Greenfield Ave. West Allis, WI 53214

2011-0020		Certified Survey Map		Inti	Introduced			
			ertified Survey Map for a proposed lot split of property located at 2563-2675 S. 108 St., ibmitted by Paul Spetz, d/b/a Isthmus Surveying.					
		Introduced: 1/18/2011		Controlling Body: Safety & Development Committee Plan Commission				
COMMITTEE	RECOMM	ENDATION _		FILE				
	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED	
ACTION DATE:		-	Barczak				A	
DATE.			Czaplewski Kopplin	1				
1/18/11			Lajsic	/				
			Narlock Reinke					
			Roadt					
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			Vitale Weigel					
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			TOTAL		0			
SIGNATURE OF COMMITTEE MEMBER								
1/1/2	3							
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COMMON COUNCIL ACTION PLACE ON FILE								
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ACTION			Barczak	/				
DATE:			Czaplewski					
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TOTAL

STANDING COMMITTEES OF THE CITY OF WEST ALLIS COMMON COUNCIL

ADMINISTRATION & FINANCE

PUBLIC WORKS

SAFETY & DEVELOPMENT

Chair: Kurt E. Kopplin Vice-Chair: Vincent Vitale

Thomas G. Lajsic Richard F. Narlock Rosalic L. Reinke Chair: Gary T. Barczak Vice-Chair: Martin J. Weigel Michael J. Czaplewski

Daniel J. Roadt
James W. Sengstock

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LICENSE & HEALTH

Chair: Michael J. Czaplewski Vice-Chair: James W. Sengstock

Gary T. Barczak Daniel J. Roadt Martin J. Weigel

ADVISORY

Chair: Rosalie L. Reinke Vice-Chair: Daniel J. Roadt

Kurt E. Kopplin Richard F. Narlock Vincent Vitale

Planning Application Form

City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214 414/302-8460 ■ 414/302-8401 (Fax) ■ http://www.ci.west-allis.wi.us

Applicant or Agent for Applicant	Agent is Representing (Tenant/Owner)				
Name Paul Goetz	Name				
Company 15thmus Survaying	Company				
Address 4SD N. BALDWIN Street	Address				
City Madison State W/ Zip 53703	City State Zip				
Daytime Phone Number 608 - 244 - 10 90	Daytime Phone Number				
E-mail Address 15thmussurvey in a @ Sbiglobal.net	E-mail Address				
Fax Number 608-301-9833	Fax Number				
Project Name/New Company Name (If applicable) Panda West Allis	Application Type and Fee (Check all that apply)				
Agent Address will be used for all offical correspondence.	☐ Special Use: \$500.00 (Public Hearing Required)				
Property Information	Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)				
Property Address 2625 5. 108th Street	Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)				
Tax Key Number 484 - 9986 - 006					
Current Zoning	Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)				
Property Owner	☐ Site, Landscaping, Architectural Plan Amendments \$100.00				
Property Owner's Address 3300 CNTGPPLISE PRWY	Extension of Time: \$250.00				
BEACHWOOD OH 47122	☐ Signage Plan Review \$100.00				
Existing Use of Property Shopping Center	Signage Plan Appeal: \$100.00				
Total Project Cost Estimate:	☐ Request for Rezoning: \$500.00 (Public Hearing required)				
Previous Occupant	Existing Zoning: Proposed Zoning:				
	Request for Ordinance Amendment \$500.00				
	Planned Development District \$1500.00(Public Hearing Required)				
	Subdivision Plats: \$1700.00				
In order to be placed on the Plan Commission	Certified Survey Map: \$600.00				
agenda, the Department of Development MUST	☐ Certified Survey Map Re-approval: \$50.00				
receive the following by the last Friday of the month,	☐ Street or Alley Vacation/Dedication: \$500.00				
prior to the month of the Plan Commission meeting.	☐ Transitional Use \$500.00 (Public Hearing Required)				
(Check boxes next to each listed item): Completed Application	Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)				
Appropriate Fees					
Project Description	☐ Site/Landscaping/Screening Plan				
☐ 6 Sets of folded and stapled plans (24" x 36")	☐ Floor Plans				
1 Electronic copy of plans (PDF format)	☐ Elevations ☐ Signage Plan				
☐ Total Project Cost Estimate	Signage Plan Certified Survey Map				
	Other				
Applicant or Agent Signature	Date: 5-8-20/0				
Subscribed and sworn to me this 8 day of May, 20 0	NOTAAL OF WEST Allis				
and the second	A Please make checks payable to:				
Notary Public 2017	City Of West Allis				
My Commission:	Please make checks payable to:				

Oper: GNRCDEV Check: 2000
Date: 5/07/10 01 Recpt no: 47976
CHECK PAYMENTS \$600.00

PAY TO THE ORDER OF
TRI-CITY BANK
CITY OF WEST ALLIS #17107-250



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