

# Planning Application



Project Name 7030 W National Ave

### Applicant or Agent for Applicant

Name Benjamin Marjamaan  
 Company Expert Car Care inc.  
 Address 6802 W National Ave  
 City West Allis State WI Zip 53214  
 Daytime Phone Number 414-456-1640  
 E-mail Address Marjamaan.915@gmail.com  
 Fax Number 414-456-1647

### Agent is Representing (Tenant/Owner)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_

### Property Information

Property Address 7030 W National Ave  
 Tax Key No. 453-0272-000  
 Aldermanic District \_\_\_\_\_  
 Current Zoning M-1  
 Property Owner \_\_\_\_\_  
 Property Owner's Address \_\_\_\_\_  
 Existing Use of Property Auto Repair  
 Previous Occupant Expert Automatic Services  
 Total Project Cost Estimate 450,000

### 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)
- 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 *GP*
- 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) *GW*
- 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 8/24/16  
 Common Council Introduction 9/6/16  
 Common Council Public Hearing 9/6/16

Applicant or Agent Signature \_\_\_\_\_ Date 8/22/2016

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



User: MAL58381 Type: OC Drawer: 1  
Date: 8/12/16 01 Receipt no: 59404  
OR DEV SPECIAL USE PERMIT \$500.00  
EXPERT CAR CARE, INC 1.00  
GP DEV SITE/LAND/ARCH AMEND \$100.00  
EXPERT CAR CARE, INC 11050 \$600.00  
CK CHECK PAYMEN \$600.00  
Total tendered \$600.00  
Total payment \$600.00  
Trans date: 8/02/16 Time: 13:46:33

GW DEV TRANSITIONAL USE \$500.00  
EXPERT CAR CARE, INC 1.00  
CK CHECK PAYMEN 11074 \$500.00  
Total tendered \$500.00  
Total payment \$500.00  
Trans date: 8/09/16 Time: 15:56:36

