

# Planning Application



Project Name Element 84

## Applicant or Agent for Applicant

Name Jonathan Ross  
 Company Ogden & Company, Inc.  
 Address 1665 N. Water Street  
 City Milwaukee State WI Zip 53202  
 Daytime Phone Number 414-831-0682  
 E-mail Address jonr@ogdenre.com  
 Fax Number 800-908-9715

## Agent is Representing (Tenant/Owner)

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

## Property Information

Property Address SEE ATTACHED  
 Tax Key No. \_\_\_\_\_  
 Aldermanic District \_\_\_\_\_  
 Current Zoning \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 Property Owner's Address \_\_\_\_\_  
 Existing Use of Property \_\_\_\_\_  
 Previous Occupant \_\_\_\_\_  
 Total Project Cost Estimate \_\_\_\_\_

## 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) *GJ*  
Existing Zoning: RB-2 Proposed Zoning: C-3
- Request for Ordinance Amendment \$500
- Planned Development District \$1,500  
(Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$600 *GL*
- Certified Survey Map Re-approval \$50
- Street or Alley Vacation/Dedication \$500 *GI*
- 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

*Request Rezone*  
 Plan Commission May 25  
 Common Council Introduction May 17  
 Common Council Public Hearing June 7

Applicant or Agent Signature *Jonathan Ross* Date 4-29-16

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



GH DEV SPECIAL USE PERMIT 1.00 \$500.00  
 UGDMN -ELEM 04 BLD 2 1.00 \$500.00  
 00 DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00  
 UGDMN-ELEM 04 BLD B2 1.00 \$500.00  
 GH DEV SPECIAL USE PERMIT 1.00 \$500.00  
 UGDMN-ELEM 04 BLD 1 1.00 \$500.00  
 00 DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00  
 UGDMN-ELEM 04 BLD 1 1.00 \$500.00  
 03 DEV REQUEST FOR REZONING 1.00 \$500.00  
 UGDMN : ELEMEN/ 04 1.00 \$500.00  
 01 -1 CERTIFIED SURVEY MAP 1.00 \$570.00  
 UGDMN - ELEMEN/ 04 1.00 \$570.00  
 01 -2 CNTY CERT SURVEY MAP 1.00 \$350.00  
 UGDMN - ELEMEN/ 04 1.00 \$350.00  
 01 DEV STREET/ALLEY VACATION 1.00 \$500.00  
 UGDMN - ELEMEN/ 04 1.00 \$500.00  
 CK CHECK PAYMEN 10001 \$3600.00  
 Total tendersd \$3600.00  
 Total payment \$3600.00  
 Trans date: 5/03/16 Time: 12:46:31

DATE:05/02/2016 CK#:10001 TOTAL:\$3,600.00\*\*\* BANK:Ogden Midwest Funding LLC(midchk)  
 PAYEE:City of West Allis(taxwesta)

Property	Account	Invoice - Date	Description	Amount
120	1194-0001	Element 84 - 05/02/2016	Special Use	1,000.00
120	1194-0001	Element 84 - 05/02/2016	Level 3 Site Landscape	1,000.00
120	1194-0001	Element 84 - 05/02/2016	Rezoning	500.00
120	1194-0001	Element 84 - 05/02/2016	CSM	600.00
120	1194-0001	Element 84 - 05/02/2016	Street Vac/Dedication	500.00
				3,600.00