

Planning Application



Project Name Curtis Ambulance

Applicant or Agent for Applicant

Name Daniel Robakowski
 Company Curtis Universal Ambulance, Inc.
 Address P.O. Box 2007
 City Milwaukee State WI Zip 53201
 Daytime Phone Number 414-559-1471
 E-mail Address drobakowski@curtisambulance.com
 Fax Number 414-433-1880

Agent is Representing (Tenant/Owner)

Name James G. Baker, Jr.
 Company Curtis Universal Ambulance, Inc.
 Address P.O. Box 2007
 City Milwaukee State WI Zip 53201
 Daytime Phone Number 414-276-7711
 E-mail Address drobakowski@curtisambulance.com
 Fax Number 414-276-3291

Property Information

Property Address 5100 W. Lincoln Ave West Allis, WI 53219
 Tax Key No. 474-0007-003
 Aldermanic District District 1
 Current Zoning M-1
 Property Owner TD Investments
 Property Owner's Address 657 S. 72nd St. Milwaukee, WI 53214
 Existing Use of Property Curtis Ambulance
 Previous Occupant Carpets Plus
 Total Project Cost Estimate \$0.00

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)
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 11/9/16
 Common Council Introduction 11/15/16
 Common Council Public Hearing 12/6/16

Applicant or Agent Signature Date 10/20/2016

Property Owner Signature Date 10/21/2016



Opnr: WALSRJBI Type: OC Drawer: 1
Date: 10/28/16 01 Receipt no: 81843
GH DEV SPECIAL USE PERMIT \$500.00
CURTIS UNIVERSAL, INC. 1.00
GM DEV LVL 1 SITE-ARCH PLN R \$100.00
CURTIS UNIVERSAL, INC 47924 \$600.00
CK CHECK PAYMEN \$600.00
Total tendered \$600.00
Total payment \$600.00

Trans date: 10/25/16 Time: 14:16:33

10/28/16
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10/28/16

Ann Marie Neff

From: Monica Schultz
Sent: Monday, December 05, 2016 8:17 AM
To: Dan Devine; Alderpersons; City Hall Planning
Cc: Ann Marie Neff
Subject: FW: OPPOSE - Curtis Ambulance Permit

From: Kris Collins [<mailto:kbmgmt@wi.rr.com>]
Sent: Sunday, December 04, 2016 12:11 PM
To: Monica Schultz
Subject: OPPOSE - Curtis Ambulance Permit

Dear City Clerk,

Please deny Curtis Ambulance their permit request on 12/6/16. This will reduce my property value and I will lose tenants at my 12 unit apartment building across from the street. The increase noise will be detrimental to my building and wellbeing for my tenants.

Thank you,

Kris Collins
KB Property Management
5125 W. Lincoln Ave