

# Planning Application



Project Name Pizzeria Scotty

## Applicant or Agent for Applicant

Name Travis Ruchnig  
 Company Pizzeria Scotty  
 Address 8743 W. Maple  
 City West Allis State WI Zip 53214  
 Daytime Phone Number 414-702-6178  
 E-mail Address TravisRuchnig@yahoo.com  
 Fax Number N/A

## Agent is Representing (Tenant/Owner)

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

## Property Information

Property Address 9022-9000 W. Oklahoma  
 Tax Key No. 517-9982-002/517-9982-003  
 Aldermanic District NO. 4  
 Current Zoning C-3  
 Property Owner Main Properties, LLC  
 Property Owner's Address 9022 W. Oklahoma  
West Allis WI, 53227  
 Existing Use of Property Travel Agency  
 Previous Occupant \_\_\_\_\_

Total Project Cost Estimate Roughly \$120,000.00

## 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 \$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
  - 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 7/25/18  
 Common Council Introduction 7/17/18  
 Common Council Public Hearing 8/7/18

Applicant or Agent Signature TR Date 6/25/18

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



oper: WALB001 type: UL Drawer: 1  
Date: 7/02/10 01 Receipt no: 44134  
GH DEV SPECIAL USE PERMIT \$500.00  
1.00  
PUSCHNIG MANAGEMENT & MAR  
GO DEV LVL 3 SITE-ARCH PLN R \$500.00  
1.00  
PUSCHNIG MANAGEMENT & MAR  
CK CHECK PAYMEN 2312 \$1000.00  
Total tendered \$1000.00  
Total payment \$1000.00  
Trans date: 7/02/10 Time: 12:30:01