

Planning Application



Project Name Light of Grace Annex

Applicant or Agent for Applicant

Agent is Representing (Tenant/Owner)

Name Kris Nelsen, DBA Light of Grace
 Company St. Ann's Interdenominational Church Inc.
 Address 5806 W. National Ave
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-258-5555
 E-mail Address Kris@lightofgrace.church
 Fax Number N/A

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 Fax Number NONE

Property Information

Application Type and Fee

(Check all that apply)

Property Address 5900 W. National Ave.
 Tax Key No. 438-0300-000 West Allis, 53214
 Aldermanic District _____
 Current Zoning C-3
 Property Owner St. Ann's Interdenominational Church
 Property Owner's Address 5806 W. National Ave. West Allis, WI 53214
 Existing Use of Property Day care
 Previous Occupant Mt. Calvary Kids Center First
 Total Project Cost Estimate 0

- Special Use: (Public Hearing Required) \$500 GH
- Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999) GM
- 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 9-28-16
 Common Council Introduction 9-22-16 10-4-16
 Common Council Public Hearing 10-4-16
10-18-16

Applicant or Agent Signature Kris A. Nelsen Date 09-01-2014

Property Owner Signature Kris A. Nelsen Date 09-01-2016



Oper: WALSRJBI Check: 1116
 Date: 9/02/16 01 Recpt no: 67068
 CHECK PAYMENTS \$500.00
 Amount tendered \$500.00
 FOR DEPOSIT ONLY IN
 TRI-CITY NATL BK
 CITY OF WEST ALLIS #17107-250

Oper: WALSRJBI Type: OC Drawer: 1
 Date: 9/02/16 01 Receipt no: 67074
 GH DEV SPECIAL USE \$500.00
 1.00
 ST ANNS INTERDENOMINATION
 GM DEV LVL 1 SITE-ARCH PLN R
 1.00 \$100.00
 ST ANNS INTERDENOMINATION
 CK CHECK PAYMEN 1116 \$600.00
 Total tendered \$600.00
 Total payment \$600.00

Trans date: 9/02/16 Time: 13:38:30

9/2/16
 10:20 AM
 10:20 AM
 10:20 AM

Oper: WALSRJBI Check: 1116
 Date: 9/02/16 01 Recpt no: 67069
 CHECK PAYMENTS \$600.00
 Amount tendered \$600.00
 FOR DEPOSIT ONLY IN
 TRI-CITY NATL BK
 CITY OF WEST ALLIS #17107-250