

Planning Application



Project Name Patio 1

Applicant or Agent for Applicant

Name Michael G. Lange Mike7LLC
Company Fourth-N-Long
Address 8911 W National Ave
City West Allis State WI Zip 53227
Daytime Phone Number 414-800-6640
E-mail Address Mlange29@wi.rr.com
Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 8911 W National Ave
Tax Key No. 478-0085-000
Aldermanic District Dan Boyd Ald Lajisic
Current Zoning C-2
Property Owner Tom Beckman (4)
Property Owner's Address _____
414-235-0602
Existing Use of Property Daw Grill
Previous Occupant 900's
Total Project Cost Estimate \$11,000 to \$13,000

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 5/24/17
Common Council Introduction 5/16/17
Common Council Public Hearing 6/6/17

Applicant or Agent Signature [Signature] Date 5-3-17

Property Owner Signature _____ Date _____

