

Planning Application



Project Name CSM

Applicant or Agent for Applicant

Name Pat Musta
 Company _____
 Address 1446 S 72 St
 City West Allis State WI Zip 53214
 Daytime Phone Number 1414-550-7822
 E-mail Address Patmusta@yahoo.com
 Fax Number None
twerderitz@yahoo.com

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 1446 S. 72nd St / 1442 S. 72nd St.
 Tax Key No. 453-0070-002 / 453-0070-001
 Aldermanic District # 2
 Current Zoning RB-2
 Property Owner Pat Musta
 Property Owner's Address 1446 S 72 St
West Allis, WI 53214
 Existing Use of Property residential
 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)
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 12/11/19
 Common Council Introduction 12/3/19
 Common Council Public Hearing 12/17/19

Applicant or Agent Signature Charitie W... Date 10-15-2019

Property Owner Signature Patricia Musta Date 10/17/19



Oper: WALSBRI Type: OC Drawer: 1
Date: 10/17/19 01 Receipt no: 70128
GL -1 CERTIFIED SURVEY MAP \$695.00
1.00
DENNIS F MUSTA
GL -2 CNTY CERT SURVEY MAP \$30.00
1.00
DENNIS F MUSTA
CK CHECK PAYMEN 6503 \$725.00
Total tendered \$725.00
Total payment \$725.00
Trans date: 10/17/19 Time: 11:55:58