

Planning Application



Project Name West Quarter - PDD Removal

Applicant or Agent for Applicant

Name Scott Yauck
 Company Cobalt Partners, LLC
 Address 207 North Milwaukee Street
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-271-5000
 E-mail Address syauck@cobaltpartnersllc.com
 Fax Number 414-319-5717

Agent is Representing (Tenant/Owner)

Name Tim Farrell
 Company Gemini Rosemont
 Address 330 Garfield Street
 City Santa Fe State NM Zip 87501
 Daytime Phone Number 505-992-5134
 E-mail Address tfarrell@geminirosemont.com
 Fax Number _____

Property Information

Property Address 1010, 1040, 1126, and 1304 South 70th Street
 Tax Key No. 439-0001-026
 Aldermanic District 1
 Current Zoning C-3, PDD-2 overlay
 Property Owner 1126 West Allis Operating
 Property Owner's Address c/o BGK Properties, Inc.
330 Garfield Street, Santa Fe, NM, 87501
 Existing Use of Property Commercial/Office
 Previous Occupant Allis-Chalmers
 Total Project Cost Estimate n/a

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: PDD-2 overlay Proposed Zoning: C-3
- 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 3/27/19
 Common Council Introduction 3/19/19
 Common Council Public Hearing 4/1/19

Applicant or Agent Signature _____

Date 2/19/19

Property Owner Signature _____

Date _____

