Planning Application



Project Name TALL GRY AM A GRILL Expansion

Property Owner Signature

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Applicant or Agent for Applicant	Agent is Representing (Tenant/Owner)	
Name_DAN_NOWAK	Name	
Company THU Grand a Buill Cataring	Company	
Address 6735 W. LTNOW AVE.	Address	
City WEST AUTS State WI Zip 53219	City State Zip	
Daytime Phone Number 414-852-3759 (CELL#)	Daytime Phone Number	
E-mail Address <u>dan e-fallguyandagrill.com</u>	E-mail Address	
Fax Number	Fax Number	
Property Information	Application Type and Fee (Check all that apply)	
Property Address 6735 W. Lincoln Me Tax Key No. 490-0368	Special Use: (Public Hearing Required) \$500	
Tax Key No	Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999)	
Current Zoning	☐ Level 2: Site, Landscaping, Architectural Plan Review \$250 (Project Cost \$2,000-\$4,999)	
Property Owner's Address 1506 5, 914 57 WEST AUTS, WIT 53214	☐ Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)	
Existing Use of Property Communial latour + Offile Spull	Site, Landscaping, Architectural Plan Amendment \$100	
Previous Occupant	☐ Extension of Time \$250	
Total Project Cost Estimate 147, 145, 80	☐ Signage Plan Appeal \$100	
* Add'l # 8,775 for extra security camer	Request for Rezoning \$500 (Public Hearing Required) Existing Zoning: Proposed Zoning:	
11. 010.01.10 10.0	Request for Ordinance Amendment \$500	
agenda, the Department of Development <u>MUST</u> receive the following by the last Friday of the month,	Planned Development District \$1,500 (Public Hearing Required)	
prior to the month of the Plan Commission meeting.	U Subdivision Plats \$1,700	
Completed Application	☐ Certified Survey Map \$725	
✓ Corresponding Fees □ Project Description	☐ Certified Survey Map Re-approval \$75 ☐ Street or Alley Vacation/Dedication \$500 evelopment ☐ Transitional Use \$500 (Public Hearing Required)	
\square One (1) set of plans (24" x 36") - check all that apply	☐ Street or Alley Vacation/Dedication \$500 every	
☐ Site/Landscaping/Screening Plan☐ Floor Plans	☐ Transitional Use \$500 (Public Hearing Required) ☐ Formal Zoning Verification \$200 RECEIVED	
☐ Floor Flans — — — ☐ Elevations	☐ Formal Zoning Verification \$200 AN	
☐ Certified Survey Map	DECEIVED	
☐ Other☐ One (1) electronic copy of plans	RL	
▼ Total Project Cost Estimate	FOR OFFICE USE ONLY	
Please make checks payable to:	Plan Commission 1-25-17	
City of West Allis	Common Council Introduction $1-15-19$ Common Council Public Hearing $2-5-19$	
/\ 500//	Continue Continue Continue C. C.	
Applicant or Agent Signature Date 1-4-19		
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City of West Allis | 7525 W. Greenfield Ave. | West Allis, WI 53214 (414) 302-8460 | (414) 302-8401 (Fax) | www.westalliswi.gov/planning

OC Drawer: 1785 pt no: 1785 SE PERMIT	AMEND \$100.0	\$688.8 \$688.8 \$688.8
Type: OC D 81 Receipt no: V SPECIAL USE PER	E/LAND	.L 1356
Oper: WALSBJB1 Date: 1/08/19 01 GH	TALL GUY & A GRIL GP DEV S	TALL GUY & A GRILL CK CHECK PAYMEN Total tendered Total payment

Time: 14:29:06

Trans date: 1/08/19