

Planning Application



Project Name KEGEL'S INN - OUTDOOR SEATING.

Applicant or Agent for Applicant

Name JULIAN LUKIC-KEGEL
 Company KEGEL'S LLC
 Address 5901 W. NATIONAL AVE
 City WA State WI Zip 53214
 Daytime Phone Number 414-257-9999
 E-mail Address KEGELSINN@GMAIL.COM
 Fax Number 414-774-4517

Agent is Representing (Tenant/Owner)

Name ROB KEGEL TRUST.
 Company KEGELS INN, INC.
 Address 5901 W. NATIONAL AVE
 City WA State WI Zip 53214
 Daytime Phone Number 414-257-9999
 E-mail Address KEGELSINN@GMAIL.COM
 Fax Number _____

Property Information

Property Address 5901 W. NATIONAL AVE
 Tax Key No. 438-0393-000
 Aldermanic District FIRST DISTRICT.
 Current Zoning COMMERCIAL C-3
 Property Owner ROBERT KEGEL TRUST
 Property Owner's Address 5901 W. NATIONAL AVE
 Existing Use of Property RESTAURANT / APARTMENTS.
 Previous Occupant -
 Total Project Cost Estimate \$1500

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 April 25
 Common Council Introduction April 17
 Common Council Public Hearing May 15

Applicant or Agent Signature [Signature] Date 3-17-18
 Property Owner Signature Robert B Kegel Date 4/3/2018



DATE: 4/06/18 01 Type: OC Drawer: 1
GH DEV SPECIAL USE PERMIT Receipt no: 22801
1.00 \$500.00
KEGEL'S INN
GM DEV LVL 1 SITE-ARCH PLN R
1.00 \$100.00
KEGEL'S INN
CK CHECK PAYMEN 586 \$600.00
Total tendered \$600.00
Total payment \$600.00
Trans date: 4/04/18 Time: 13:20:45