

Tony



Planning Application

Project Name ASIAN MASSAGE (NEW) BUSINESS

Applicant or Agent for Applicant

Name SHU Hua WANG
Company ASIAN MASSAGE (NEW)
Address 2276 SHADY LANE
City GREEN BAY State WI Zip 53214
Daytime Phone Number Cell (626) 615-5120
E-mail Address 945769827@gb.com
Fax Number _____

Agent is Representing (Tenant/Owner)

Name TODD WEHMEYER
Company SIDHU PROPERTIES
Address 1417 S. 108TH AVE ST.
City WEST AUFS State WI Zip 53214
Daytime Phone Number 262-490-8448
E-mail Address FOURFAUS@HOTMAIL.COM
Fax Number N/A

Property Information

Application Type and Fee (Check all that apply)

Property Address 1405 S. 108th St WEST ALLIS WI 53214
Tax Key No. 448-9999-012
Aldermanic District 5
Current Zoning C-3
Property Owner SIDHU PROPERTIES % DR PARAJAMIT SIDHU
Property Owner's Address SAME 1405 S 108th St 1417 S 108th St
Existing Use of Property _____
Previous Occupant HAIR EXPRESS SALON
EDDY (414) 771-7700
Total Project Cost Estimate \$ 4800.00

- 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
CITYPLAN + ZONE (414) 302-8460

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 1-22-20
Common Council Introduction _____
Common Council Public Hearing 2-19-20

Applicant or Agent Signature Shu Hua Wang Date 1/2/20

Property Owner Signature [Signature] Date 1/2/20



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CITY OF WEST ALLIS
*** CUSTOMER RECEIPT ***

Oper: WALSBJB1 Type: OC Drawer: 1
Date: 1/07/20 01 Receipt no: 1620

Description	Quantity	Amount
GH	DEV SPECIAL USE PERMIT	\$500.00
	1.00	2290075

Trans number:
G/L account number:
10000004420107

SHU HUS WANG	DEV LVL 2 SITE- ARCH PLN	\$250.00
GN	1.00	2290076

Trans number:
G/L account number:
10000004420105
SHU HUS WANG

Tender detail	
CA CASH PAYMENT	\$750.00
Total tendered	\$750.00
Total payment	\$750.00

Trans date: 1/07/20 Time: 16:24:26

*** THANK YOU FOR YOUR PAYMENT ***