

# 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 \_\_\_\_\_ 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