



City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

Title Status

2008-0200 Rezoning In Committee

Request from Michael Scholl to amend the official West Allis Zoning Map by rezoning 2320 S.
92 St. and 2323 S. 91 St. from RB-2 Residence District to RC-1 Residence District. (Tax Key Nos. 487-0092-000 and 487-0095-000)
Introduced: 3/31/2008 Controlling Body: Safety & Development Committee

COMMITTEE	RECOMM	ENDATION _		FILE			
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Planning Application Form

City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214 414/302-8460 ■ 414/302-8401 (Fax) ■ http://www.ci.west-allis.wi.us

Applicant or Agent for Applicant

Agent is Representing (Owner Leasee)

Name Robert C. Watson				
Company				
Address 21755 Longview Drive				
City <u>Brookfield</u> State <u>WT</u> Zip <u>53186</u>				
Daytime Phone Number 414-427-0620				
E-mail Address <u>vsiwi@sbcglobal.net</u>				
Fax Number				
Application Type and Fee (Check all that apply)				
Request for Rezoning: \$500.00 (Public Hearing required) Existing Zoning: RB-2 Proposed Zoning: RC-1				
Request for Ordinance Amendment \$500.00				
☐ Special Use: \$500.00 (Public Hearing required)				
☐ Transitional Use \$500.00 (Public Hearing Required)				
Level 1 Site, Landscaping, Architectural Plan Review \$100.00				
Level 2 Site, Landscaping, Architectural Plan Review \$250.00				
☐ Level 3 Site, Landscaping, Architectural Plan Review \$500.00				
Site, Landscaping, Architectural Plan Amendments \$100.00				
Extension of Time: \$250.00				
☐ Certified Survey Map: \$500.00 + \$30.00 County Treasurer				
Planned Development District \$1500.00(Public Hearing required)				
☐ Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for				
reapproval				
Signage Plan Review \$100.00				
Street or Alley Vacation/Dedication: \$500.00				
Signage Plan Appeal: \$100.00				
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the Department of Development must receive a iption, 6 sets of scaled, folded and stapled plans ns by the last Friday of the month, prior to the month				
□ Legal Description □ Certified Survey Map				
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Date:				
Please do not write in this box				
Application Accepted and Authorized by:				
Date:				
Meeting Date:				
Total Fee:				