

# Planning Application



Project Name The Farmer's wife

### Applicant or Agent for Applicant

Name Robin Mastera  
 Company The Farmer's wife  
 Address 2717 S. Root River Pkwy  
 City West Allis State WI Zip 53227  
 Daytime Phone Number 414-388-3213  
 E-mail Address Thefarmerswife66@gmail.com  
 Fax Number \_\_\_\_\_

### Agent is Representing (Tenant/Owner)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_

### Property Information

Property Address 6533 W Mitchell St.  
 Tax Key No. 454-0295-001  
 Aldermanic District 1  
 Current Zoning C2  
 Property Owner Mark Lutz  
 Property Owner's Address 11970 W. Morgan Ave  
West Allis WI 53228  
 Existing Use of Property \_\_\_\_\_  
 Previous Occupant PM PUB  
 Total Project Cost Estimate \$22,000 - 50,000

### 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 \$600
- Certified Survey Map Re-approval \$50
- 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")
  - 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 7-27-16  
 Common Council Introduction 8-2-16  
 Common Council Public Hearing 8-2-16

Applicant or Agent Signature Robin Mastera Date 6/21/16

Property Owner Signature [Signature] Date 6/21/16



Oper: WALSHBRI Type: OC Drawer: 1  
Date: 7/22/16 01 Receipt no: 52227  
GH DEV SPECIAL USE PERMIT  
1.00 \$500.00  
RICHARD P MASTERA  
GP DEV SITE/LAND/ARCH AMEND  
1.00 \$100.00  
RICHARD P MASTERA  
CK CHECK PAYMEN 2015 \$600.00  
Total tendered \$600.00  
Total payment \$600.00  
Trans date: 7/06/16 Time: 17:09:26