

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

Name MARK RUSSETT
 Company INFINISITY
 Address 2255 SEWELL MILL RD
 City MARIETTA State GA Zip 53215
 Daytime Phone Number 414-416-2057
 E-mail Address mrussett@infinisity.com
 Fax Number 414-961-1717
 Project Name/New Company Name (If applicable) _____

Agent Address will be used for all official correspondence.

Property Information

Property Address 8214 W CLEVELAND
 Tax Key Number 516-9948-00-3
 Current Zoning _____
 Property Owner MILWAUKEE COUNTY
 Property Owner's Address 901 N 9th St.
MILWAUKEE WI 53233
 Existing Use of Property PARK
 Total Project Cost Estimate: 50,000
 Previous Occupant NA

Agent is Representing (Tenant/Owner)

Name ELVA HORN
CLEAR WIRELESS LLC
 Company CLEAR WIRELESS LLC
 Address 4400 CARILLON RD
 City KIRKLAND State WA Zip 98033
 Daytime Phone Number 414-416-2057
 E-mail Address _____
 Fax Number _____

Application Type and Fee

(Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00
(Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00
(Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00
(Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
- Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

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.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other _____

Applicant or Agent Signature _____

Date: 3-25-10

Subscribed and sworn to me this 25 day of March, 2010

Notary Public: [Signature]

My Commission: 1-26-10

**Please make checks payable to:
City Of West Allis**

Planning Application Form
 City of West Allis
 1250 West Allis Street
 West Allis, WI 53227

Oper: GNRCDEV Check: 162418
 Date: 3/26/10 Recpt no: 32969
 CHECK PAYMENTS \$1000.00
 Amount tendered \$1000.00
 PAY TO THE ORDER OF
 TRI-CITY BANK
 CITY OF WEST ALLIS #17107-250

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Application Fee Schedule

- 1. Application fee for preliminary plan review: \$1000.00
- 2. Application fee for final plan review: \$1000.00
- 3. Application fee for site plan review: \$1000.00
- 4. Application fee for subdivision review: \$1000.00
- 5. Application fee for conditional use review: \$1000.00
- 6. Application fee for special use review: \$1000.00
- 7. Application fee for zoning change review: \$1000.00
- 8. Application fee for ordinance change review: \$1000.00
- 9. Application fee for comprehensive plan review: \$1000.00
- 10. Application fee for master plan review: \$1000.00
- 11. Application fee for neighborhood plan review: \$1000.00
- 12. Application fee for community development plan review: \$1000.00
- 13. Application fee for transportation plan review: \$1000.00
- 14. Application fee for utility plan review: \$1000.00
- 15. Application fee for other plan review: \$1000.00

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