

2016-0012

Planning Application



Project Name WILDE TOYOTA SERVICE / DETAIL BLD.

Applicant or Agent for Applicant

Name BRANNIN GRIES
Company GRIES ARCHITECTURAL GROUP
Address 500 N. COMMERCIAL ST
City NEENAH State WI Zip 54956
Daytime Phone Number 920-585-4408
E-mail Address bgries@griesarchitectural.com
Fax Number 920-722-6605

Agent is Representing (Tenant/Owner)

Name PAT DONAHUE
Company WILDE FAMILY LIMITED PARTNERSHIP
Address 1710 A HIGHWAY 164
City WAUKESHA State WI Zip 53186
Daytime Phone Number 262-544-5400
E-mail Address pdonahue@wildeautomotive.com
Fax Number _____

Property Information

Property Address 3185 S. 108th ST.
Tax Key No. 523-9992-004
Aldermanic District WARD 24
Current Zoning C-4
Property Owner WILDE FAMILY LIMITED PARTNERSHIP
Property Owner's Address 1710 A HWY 164
Existing Use of Property AUTOMOTIVE SALES
Previous Occupant AUTOMOTIVE SALES

Total Project Cost Estimate \$ 300,000

Application Type and Fee

(Check all that apply)

- Special Use: (Public Hearing Required) \$500 GH
- 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	<u>12/2/15</u>
Common Council Introduction	<u>1/5/2016</u>
Common Council Public Hearing	<u>1/5/2016</u>

Applicant or Agent Signature
City of West Allis
Department of Development

[Signature]

Date 11.18.2015

Property Owner Signature

[Signature]

AUTHORIZED REPRESENTATIVE
WILDE FAMILY LIMITED PARTNERSHIP
Date 11/18/2015

NOV 19 2015

RECEIVED

