

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 (Tenant/Owner)

Name Serenity Medina
 Company Spoons Ice Cream
 Address 2618A W. Foresthome
 City Milwaukee State WI Zip 53215
 Daytime Phone Number 414-399-2712
 E-mail Address Serenpapal@yahoo.com
 Fax Number _____
 Project Name/New Company Name (If applicable) _____
Spoons Icecream

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

Agent Address will be used for all official correspondence.

Property Information

Property Address 6519-6501 W. Greenfield
 Tax Key Number West Allis, WI
 Current Zoning _____
 Property Owner Six Point Plaza
 Property Owner's Address _____
 Existing Use of Property Commercial / Residential
 Total Project Cost Estimate: 23,000
 Previous Occupant none

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.

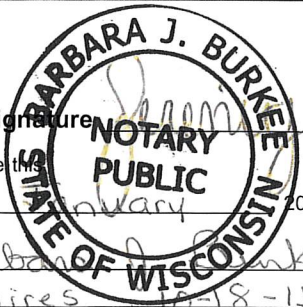
(Check boxes next to each listed item):

- 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 Serenity Medina
 Subscribed and sworn to me the 31 day of January 2013
 Notary Public: Barbara J. Burke
 My Commission: Expires 10-18-15



Date: 01/31/13

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