

Planning Application



Project Name PIZZERIA

Applicant or Agent for Applicant

Name Pete Agnes / Al Jacobson
 Company Agnes Enterprises
 Address 860 E Beaver Ridge Dr
 City Brookfield State WI Zip 53045
 Daytime Phone Number 414 793-6519
 E-mail Address _____
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name Al Jacobson
 Company J & L Enterprises of Wi.
 Address 6580 Cornell Dr Franklin WI
 City FRANKLIN State WI Zip 53123
 Daytime Phone Number 414 801 6236
 E-mail Address ewd 0123@ad.com
 Fax Number _____

Property Information

Property Address 1606 S 84th
 Tax Key No. 452-0431-001
 Aldermanic District 2
 Current Zoning Commercial
 Property Owner Pete Agnes
 Property Owner's Address 860 E Beaver Ridge Dr Brookfield WI 53045
 Existing Use of Property Vacant
 Previous Occupant Credit Union
 Total Project Cost Estimate Undetermined

Application Type and Fee

(Check all that apply)

- Special Use: \$500 (Public Hearing Required)
- 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 Feb 23, 2019
 Common Council Introduction Jan 15, 2019
 Common Council Public Hearing March TBD

Applicant or Agent Signature [Signature]

Date 1/9/19



JAN 09 2019

RECEIVED

Oper: WALSRIBI Type: OC Drawer: 1
Date: 1/10/19 01 Receipt no: 2669
GH DEV SPECIAL USE PERMIT \$500.00
1.00
PETER G. AGNOS
60 DEV LVL 3 SITE-ARCH PLN R \$500.00
1.00
PETER G. AGNOS
CK CHECK PAYMEN 2647 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00
Trans date: 1/10/19 Time: 13:03:36