

Planning Application



Project Name West Allis, WI - 113th Street Vacatton

Applicant or Agent for Applicant

Name John Nix
 Company Crown Enterprises, Inc.
 Address 12225 Stephens Road
 City Warren State MI Zip 48089
 Daytime Phone Number 586-467-1711
 E-mail Address jnix@crownterprisesinc.com
 Fax Number 586-819-2563

Agent is Representing (Tenant/Owner)

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 Company Crown Enterprises Inc.
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Property Information

Property Address 11218 W. Mitchell St.
 Tax Key No. _____
 Aldermanic District _____
 Current Zoning M-1
 Property Owner Crown Enterprises Inc.
 Property Owner's Address 12225 Stephens Road, Warren, MI 48089
 Existing Use of Property Truck Terminal
 Previous Occupant _____
 Total Project Cost Estimate _____

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 \$725
- Certified Survey Map Re-approval \$75
- 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") - check all that apply
 - 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 1/22/20
 Common Council Introduction _____
 Common Council Public Hearing _____

Applicant or Agent Signature [Signature] Date 01/02/20

Property Owner Signature _____ Date _____



Date: 1/03/20 01 Receipt no: 534
GI DEV STREET/ALLEY VAPORATION 1.00 \$500.00
CROWN ENTERPRISES, INC 1.00 \$500.00
CK CHECK PAYMEN 10011892 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 1/03/20 Time: 13:51:23