

Property key
 475 0220 000
 Treasure Hunter's Dream

Planning Application Form



Project Name West Allis Tools-Collectibles Antiques-Books Magazine
FURNITURE AND CONSIGNMENT OLD TOYS

Applicant or Agent for Applicant

Name William Michael Otto
 Company _____
 Address 1967 N Farwell
 City Milwaukee State WI Zip _____
 Daytime Phone Number 262 955 4667
 E-mail Address otto.willm@sb.c
 Fax Number global.net

Agent is Representing (Tenant/Owner)

Name MARK NORMAN
 Company MASTER KING FOOD CO INC
 Address PO Box 581
 City WAUKESHA State WI Zip 53187
 Daytime Phone Number _____
 E-mail Address MARK.NORMAN@mkf.com
 Fax Number _____

Property Information

Property Address 6968 LINC DR
 Tax Key No. 000019036 / 1A
 Aldermanic District 8th
 Current Zoning BUSINESS C-2
 Property Owner MASTER KING FOODS
 Property Owner's Address PO BOX 581
WAUKESHA WI
 Existing Use of Property VACANT
 Previous Occupant MAIL SALON
 Total Project Cost Estimate \$3,000
TESTING

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)

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
 - 1 set of plans (24" x 36")
 - Site/Landscaping/Screening Plan
 - Floor Plans
 - Elevations
 - Certified Survey Map
 - Other
 - 1 electronic copy of plans
 - Total Project Cost Estimate

Please make checks payable to:
 City of West Allis

FOR OFFICE USE ONLY

Plan Commission 10/23/13
 Common Council Introduction 11/5/13
 Common Council Public Hearing 11/19/13

Applicant or Agent Signature William Otto

Date 09-27-2013



Opér: GNRCDV Check: 3193
Date: 10/11/13 01 Recpt no: 85618
CHECK PAYMENTS \$600.00
Amount tendered \$600.00

FOR DEPOSIT ONLY IN
TRI-CITY MATL BK
CITY OF WEST ALLIS #17107-250