

Planning Application



Project Name DAYS INN

Applicant or Agent for Applicant

Name George GLAVAS
 Company DUANA INC
 Address 1657 S. 108th ST
 City WEST ALLIS State WI Zip 53214
 Daytime Phone Number 414-531-6482
 E-mail Address PRIFTIV@YAHOO.COM
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name MARL SCHNEIDER
 Company ONE SOURCE CONSTRUCTION
 Address 3065 N. 124
 City BROOKFIELD State WI Zip 53005
 Daytime Phone Number 262-784-1010
 E-mail Address MARKS@OSCCINC.COM
 Fax Number 262-784-9083

Property Information

Property Address _____
 Tax Key No. _____
 Aldermanic District _____
 Current Zoning M-1
 Property Owner DUANA INC
 Property Owner's Address 1657 S. 108th
WEST ALLIS WI 53214
 Existing Use of Property VACANT / PARKING
 Previous Occupant _____
 Total Project Cost Estimate \$4,000,000

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: M-1 Proposed Zoning: C-3
- 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 6/24
 Common Council Introduction 6/16
 Common Council Public Hearing _____

Applicant or Agent Signature Marl Schneider Date 5-21-15

Property Owner Signature _____ Date _____



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ATHOS, INC DBA DAYS INN	1.00	\$500.00
GO DEV LVL 3 SITE-ARCH PLN R		
	1.00	\$500.00
ATHOS INC DBA DAYS INN	1.00	
GJ DEV REQUEST FOR REZONING		
	1.00	\$500.00
ATHOS INC DBA DAYS INN	1.00	
GL -1 CERTIFIED SURVEY MAP		
	1.00	\$578.00
ATHOS INC DBA DAYS INN	1.00	
GL -2 CNTY CERT SURVEY MAP		
	1.00	\$30.00
ATHOS INC DBA DAYS INN	1.00	
CK CHECK PAYMEN	2023	\$2100.00
Total tendered		\$2100.00
Total payment		\$2100.00

Trans date: 6/01/15 Time: 11:15:21