

Planning Application



Project Name RSR SERVICES LLC

Applicant or Agent for Applicant

Name STEVE IGNASIAK
 Company RSR SERVICES LLC
 Address 27515 DURAND AV
 City BURLINGTON State WI Zip 53105
 Daytime Phone Number 414-466-9800
 E-mail Address STEVE.IGNASIAK@YAHOO.COM
 Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 6014 BELOIT Rd
 Tax Key No. 475-0034-004
 Aldermanic District #1
 Current Zoning M-1
 Property Owner STEVE IGNASIAK
 Property Owner's Address 27515 DURAND AV
BURLINGTON WI 53105
 Existing Use of Property COMERCIAL
 Previous Occupant ABLE EQUIPMENT
 Total Project Cost Estimate \$50000⁰⁰

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 \$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 9/23/15
 Common Council Introduction 9/1/15
 Common Council Public Hearing 10/6/15

Applicant or Agent Signature _____

Date 8-14-15

Property Owner Signature _____

Date 8-14-15



User: WALSBJB1 Type: OC Drawer: 1
Date: 8/28/15 01 Receipt no: 58999
GH DEV SPECIAL USE PERMIT
1.00 \$500.00

RSR SERVICES
GO DEV LVL 3 SITE-ARCH PLN R
1.00 \$500.00

RSR SERVICES
CK CHECK PAYMEN 10406 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 8/14/15 Time: 13:54:25

2110 10