

Planning Application



Project Name West Allis West Milwaukee Community Center

Applicant or Agent for Applicant

Name Dan Davis
 Company CG Schmidt
 Address 11777 West Lake Park Drive
 City Miwaukee State WI Zip 53224
 Daytime Phone Number 414-577-1177
 E-mail Address Dan.Davis@cgschmidt.com
 Fax Number N/A

Agent is Representing (Tenant/Owner)

Name Michele Strasser
 Company West Allis-West Milwaukee Recreation Department
 Address 1205 S. 70th St. 1st Floor
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-64-4900
 E-mail Address stram@wawmsd.org
 Fax Number N/A

Property Information

Property Address 2450 S. 68th St. West Allis
 Tax Key No. 489-0088-001
 Aldermanic District 1
 Current Zoning P-1
 Property Owner West Allis-West Milwaukee Rec Department
 Property Owner's Address 1205 S. 70th St. 1st Floor

Existing Use of Property Community Recreation Center
 Previous Occupant Fairview School

Total Project Cost Estimate \$7.0 million
 Landscape Total Cost - \$35,000

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: _____ 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 4/24/19
 Common Council Introduction 5-7-19
 Common Council Public Hearing 5-7-19

Applicant or Agent Signature Dan Davis Date 3/29/19

Property Owner Signature Michele Strasser Date 3/29/19



Oper: WALSBTBI Type: 00 Drawer: 1
Date: 4/05/19 01 Receipt no: 22716
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
CG SCHMIDT
GO DEV LVL 3 SITE-ARCH PLN R
1.00 \$500.00
CD SCHMIDT
CK CHECK PAYMEN 222116 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00
Trans date: 4/05/19 Time: 15:12:19