

Feb 21 Feb 22 PC
March CC

Planning Application Form

City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214
414/302-8460 ■ 414/302-8401 (Fax) ■ http://www.ci.west-allis.wi.us

Frank (414) 467-8189 cell

Applicant or Agent for Applicant

Agent is Representing (Tenant/Owner)

Name Gladys B. Sandino
Company Jewelry Repair shop LLC
Address 2749 S. 108th St.
City West Allis State WI Zip 53214
Daytime Phone Number 414-467-8189
E-mail Address frank.sandino@yahoo.com
Fax Number 414-774-4664
Project Name/New Company Name (If applicable) SAME

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

Application Type and Fee

(Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
- Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

Agent Address will be used for all official correspondence.

Property Information

Property Address 2749 S. 108th St. West Allis, 53214
Tax Key Number 520-0004-003
Current Zoning C-4
Property Owner Martin F. Stein
Property Owner's Address 1800 East Capital Drive
Milwaukee, WI 53211
Existing Use of Property Retail
Total Project Cost Estimate: \$280,525
Previous Occupant Dish - network

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.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other _____

Applicant or Agent Signature

Gladys B. Sandino

Date: Nov 7 11

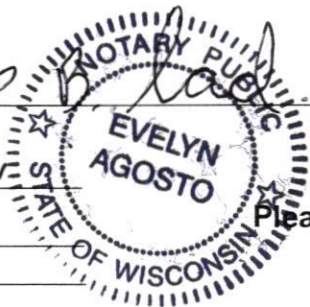
Subscribed and sworn to me this

7th day of November, 20 11

Notary Public:

Evelyn Agosto
4-14-2013

My Commission:



Please make checks payable to:
City Of West Allis

Oper: GNRCDV Check: 1089
Date: 2/17/12 02 Recpt no: 14847
CHECK PAYMENTS \$500.00
Amount tendered \$500.00
PAY TO THE ORDER OF
TRI-CITY BANK
CITY OF WEST ALLIS #17107-250

