

Planning Application



Project Name Cream City Print Lounge

Applicant or Agent for Applicant

Name Geraldo Rachead Howard
 Company Cream City Print Lounge
 Address 8010 W National Ave
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-739-1222
 E-mail Address creamcityprintlounge@gmail.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 8010 W National Ave
 Tax Key No. 452-0563-000
 Aldermanic District _____
 Current Zoning C2
 Property Owner MCH PROPERTIES, LLC
 Property Owner's Address 8874 GARDEN LANE
GREENDALE, WI. 53129
 Existing Use of Property RETAIL
 Previous Occupant VACANT A LONG TIME
 Total Project Cost Estimate N/A

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 08-28-19
 Common Council Introduction 09-03-19
 Common Council Public Hearing 09-03-19

Applicant or Agent Signature [Signature] Date 8/5/19
 Property Owner Signature [Signature] Date 8/5/19

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