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

Applicant or Agent for Applicant	Agent is Representing (Tenant/Owner)
Name MARK NINNEMAN	Name Clear WIRELESS-Ella Horn
COMPANY INFINICY ENGINEERING	Company Clear Wireless
Address 4915 S. Howell Ave, Suite 300	Address 4400 Carillon Point
City Milwaukee State WI zip 53207	City Kirkland State WH Zip 98033
Daytime Phone Number 414 - 371 - 96 15	Daytime Phone Number 414-371-9615
E-mail Address MNINNEMAN CINFINIGY . COM	E-mail Address MNINNEMANCINFINICY, com
Fax Number 414-371-9615	Fax Number 414 - 371 - 9615
Project Name/New Company Name (If applicable)	Application Type and Fee (Check all that apply)
Agent Address will be used for all offical correspondence.	Special Use: \$500.00 (Public Hearing Required)
Property Information	Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
Property Address 1813 5.66 5t.	Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
Tax Key Number	/
Current Zoning	✓ Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
Property Owner ARTHUR J. EROSSMAN	☐ Site, Landscaping, Architectural Plan Amendments \$100.00
Property Owner's Address 4777 W. LINCOLN ANE.	Extension of Time: \$250.00
Milwaukee, WI 53219	☐ Signage Plan Review \$100.00
Existing Use of Property Cellerar Tower	☐ Signage Plan Appeal: \$100.00
Total Project Cost Estimate: 915,000-60	Request for Rezoning: \$500.00 (Public Hearing required)
Previous Occupant A/A	Existing Zoning: Proposed Zoning:
	Request for Ordinance Amendment \$500.00
	☐ Planned Development District \$1500.00(Public Hearing Required)
	☐ Subdivision Plats: \$1700.00
In order to be placed on the Plan Commission	☐ Certified Survey Map: \$600.00
agenda, the Department of Development MUST	☐ Certified Survey Map Re-approval: \$50.00
receive the following by the last Friday of the month,	☐ Street or Alley Vacation/Dedication: \$500.00
prior to the month of the Plan Commission meeting.	☐ Transitional Use \$500.00 (Public Hearing Required)
(Check boxes next to each listed item):	Attached Diana Include (4-15-15-15-15-15-15-15-15-15-15-15-15-15-
Completed Application	Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)
Appropriate Fees	Site/Landscaping/Screening Plan
Project Description	Floor Plans N/M
6 Sets of folded and stapled plans (24" x 36")	Elevations
1 Electronic copy of plans (PDF format)	□ Signage Plan N/H
Total Project Cost Estimate	☐ Certified Survey Map
	Other
Applicant or Agent Signature	Date: 3/19/2010
Subscribed and sworn to me this	,
Notary Public: Van / Soldan	Please make checks payable to:
My Commission:	City Of West Allis

Oper: GNRCDEV Type: OC Drawer: 1
Date: 3/26/10 01 Reseipt no: 30654
GU DEV LVL 3 SIT 1 \$500.00
CLEAR WIRELESS
GH DEV SPECIAL U 1 \$500.00
CLEARWIRLESS
CK CHECK PA 1129 \$1000.00
fotal tendered \$1000.00
Trans date: 3/19/10 Time: 8:56:52

Oper: 60RCDEV Check: 1129

CHECK PAYMENTS \$1000,00

TRI-CLIY BADK

TRI-CLIY BADK

\$1000,00

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