

City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number		Title Status					
2010-0093		Special Use Permit Introduced					
		Special Use Permit for proposed collocation of high speed wireless equipment to be attached to the Aurora West Allis Medical Center building located at 8901 W. Lincoln Ave.					
		the Aurora West	Allis Medical Cer	nter building	located at 8901 V	V. Lincoln Ave.	
		Introduced: 2/16/2010 Controlling Body: Safety & Development Committee					
		Plan Commission					on
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TOTAL

Planning Application Form

My Commission: 11-18-2013

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 Jeff Fowle	Name			
Company Clear Wireless LLC, Isa Clearning	Company West Allis Memoria Hospita			
Address /630 Dee- Trail	Address 8901 W. Lincoln Ave.			
City Watesha State WI Zip 53/84	City West allis State WI Zip 53714			
Daytime Phone Number 4/4-507-2204	Daytime Phone Number 414-328-6610			
E-mail Address Stowlegexecpl. Com	E-mail Address bob. Poplaro arrorg. org			
Fax Number	Fax Number			
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 890/	Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)			
Property Address 4879999001 Av	Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)			
Current Zoning $RC-1$	Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)			
Property Owner West Allis Memorial Hospital Inc.	☐ Site, Landscaping, Architectural Plan Amendments \$100.00			
Property Owner's Address 8901 W. Lin (8/1) Ave-	Extension of Time: \$250.00			
	☐ Signage Plan Review \$100.00			
Existing Use of Property 405 P. Fu	☐ Signage Plan Appeal: \$100.00			
Total Project Cost Estimate: 45,000	Request for Rezoning: \$500.00 (Public Hearing required)			
Previous Occupant	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 ☐ Certified Survey Map Re-approval: \$50.00			
agenda, the Department of Development MUST				
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): Completed Application	Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)			
	☐ Site/Landscaping/Screening Plan			
Project Description	☐ Floor Plans			
6 Sets of folded and stapled plans (24" x 36")	☐ Elevations			
1 Electronic copy of plans (PDF format)	☐ Signage Plan			
Total Project Cost Estimate	☐ Certified Survey Map			
	Other			
Applicant or Agent Signature <u>M</u> がしまっている。	4 Fowle Date: 1/27/16			
Subscribed and sworn to me this				
day of Juriality , 20 10	Please make checks payable to:			
Notary Public: <u>Helley M Junsen</u>	City Of West Allis			