

# Planning Application



Project Name Ebenezer Daycare - 108th St.

## Applicant or Agent for Applicant

Name Beverly J. Anderson  
 Company Ebenezer Child Care Centers, Inc.  
 Address 1496 S. 29th Street  
 City Milwaukee State WI Zip 53215  
 Daytime Phone Number 414-643-5070  
 E-mail Address beva@EbenezerChildCare.com  
 Fax Number 414-643-8710

## Agent is Representing (Tenant/Owner)

Name Doug Barnes  
 Company Zimmerman Architectural Studios, Inc  
 Address 2122 West Mt. Vernon Avenue  
 City Milwaukee State WI Zip 53233  
 Daytime Phone Number 414-918-1461  
 E-mail Address Doug.Barnes@zastudios.com  
 Fax Number 414-476-8582

## Property Information

Property Address 1136 South 108th Street, West Allis, WI 53214  
 Tax Key No. 444-0460-001  
 Aldermanic District 3  
 Current Zoning C-3: Community Commercial District  
 Property Owner Bustos Asset Management LLC  
 Property Owner's Address 19215 SE 34th Street, Suite 106-312, Camas, WA 98607  
 Existing Use of Property Vacant  
 Previous Occupant U.S Census FCO  
 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 \$600~~
- Certified Survey Map Re-approval \$50
- 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")
  - 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 May 24  
 Common Council Introduction Apr. 26  
 Common Council Public Hearing May 16  
May 23 June 6

Applicant or Agent Signature Douglas Barnes Date 4.17.17

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



Oper: WALSBJB1 Type: OC Drawer: 1  
Date: 4/18/17 01 Receipt no: 27711  
60 DEV LVL 3 SITE-ARCH PLN R \$500.00  
1.00  
ZIMMERMAN ARCHITECTURAL  
CK CHECK PAYMEN 56951 \$500.00  
Total tendered \$500.00  
Total payment \$500.00

Trans date: 4/19/17 Time: 13:56:15

Date: 4/18/17 01 Receipt no: 27711  
60 DEV SPECIAL USE PERMIT \$500.00  
1.00  
ZIMMERMAN ARCHITECTURAL  
CK CHECK PAYMEN 57014 \$500.00  
Total tendered \$500.00  
Total payment \$500.00

Trans date: 5/01/17 Time: 13:54:22