



Planning Application

Project Name PERSPECTIVE BREWING COMPANY

Applicant or Agent for Applicant

Name BRANDON REINKE
Company GALBRAITH CARNAHAN
Address 6404 WEST NORTH AVENUE
City WAUWATOSA State WI Zip 53213
Daytime Phone Number 414.291.0772
E-mail Address BMR@GALBRAITHCARNAHAN.COM
Fax Number N/A

Agent Is Representing (Tenant/Owner)

Name DAN NAUS
Company NAUS BREWING LLC (DBA PERSPECTIVE BREWING COMPANY)
Address 260 EAST PARKWAY ESTATES DRIVE
City OAK CREEK State WI Zip 53154
Daytime Phone Number 262.994.1089
E-mail Address DPNAUS@GMAIL.COM
Fax Number N/A

Property Information

Property Address 7506 / 7508 WEST GREENFIELD AVENUE
Tax Key No. 4400445000
Aldermanic District DISTRICT 2
Current Zoning COMMERCIAL
Property Owner DAN NAUS
Property Owner's Address 260 EAST PARKWAY ESTATES DR.
OAK CREEK, WI 53154
Existing Use of Property VACANT STOREFRONT
Previous Occupant SHOE REPAIR SHOP

Total Project Cost Estimate \$110,000

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 12/2/20
Common Council Introduction _____
Common Council Public Hearing 1/5/21

Applicant or Agent Signature [Signature]

Date 11.04.2020

Property Owner Signature [Signature]

Date 11/4/2020



City of West Allis | 7525 W. Greenfield Ave. | West Allis, WI 53214
(414) 302-8460 | (414) 302-8401 (Fax) | www.westalliswi.gov/planning

Oper: WALSBJB1 Check: 1292
 Date: 11/09/20 01 Receipt no: 63057
 CHECK PAYMENTS \$1000.00
 Amount tendered \$1000.00
 FOR DEPOSIT ONLY IN
 TRI-CITY NATL BK
 CITY OF WEST ALLIS #17107-250

CITY OF WEST ALLIS
 *** CUSTOMER RECEIPT ***
 Oper: WALSBJB1 Type: OC Drawer: 1
 Date: 11/09/20 01 Receipt no: 63057

Description	Quantity	Amount
GN DEV SPECIAL USE PERMIT	1.00	\$500.00
Trans numbers:		2371045

G/L account numbers:
 10000004420107
 ASHLEY A MAUS
 GO DEV LVL 3 SITE-ARCH PLN R
 1.00 \$500.00
 Trans numbers: 2371046

G/L account numbers:
 10000004420105
 ASHLEY A MAUS

Tender detail		
CK CHECK PAYMEN	1292	\$1000.00
Total tendered		\$1000.00
Total payment		\$1000.00

Trans date: 11/09/20 Time: 13:15:31

*** THANK YOU FOR YOUR PAYMENT ***