

Planning Application Form



Project Name CAPRI DI NUOVO

Applicant or Agent for Applicant

Name CHRIS PAUL / ABBY PAUL
 Company 8340 W. Beloit
 Address 429 EDGEWOOD AVE
 City ELKHORN State WI Zip 53121
 Daytime Phone Number 262-492-9099
 E-mail Address capridinuovo@gmail
 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 8340 W. Beloit Rd
 Tax Key No. 516-0205-000
 Aldermanic District 4
 Current Zoning C3
 Property Owner Mider Properties LLC
 Property Owner's Address 429 Edgewood Ave
Elkhorn, WI 53121
 Existing Use of Property restaurant
 Previous Occupant Capri Restaurant
 Total Project Cost Estimate ~~***~~ \$25,000

Application Type and Fee

(Check all that apply)

- Special Use: \$500 (Public Hearing Required)
- 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 July 28
 Common Council Introduction July 2
 Common Council Public Hearing August 4

Applicant or Agent Signature _____

Date 11/8/13



Oper: WALSRJBI Type: OC Drawer: 1
Date: 11/19/13 01 Receipt no: 97462
60 - DEV LVL 3 SITE-ARCH PLN R
1.00 \$500.00

CAPRI DI NUOVO
CA CASH PAYMENT \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 11/08/13 Time: 14:08:07

Date: 7/10/15 01 Receipt no: 46547
OH DEV SPECIAL USE PERMIT
1.00 \$500.00
CAPRI RESTAURANT GROUP 1163
CA CHECK PAYMEN \$500.00
Total tendered \$500.00
Total payment \$500.00
Trans date: 6/29/15 Time: 13:12:17