

# Planning Application



Project Name 9801 W. DAKOTA CSM

## Applicant or Agent for Applicant

Name Daniel J. MILTON  
 Company \_\_\_\_\_  
 Address 19135 Lothman Drive Lower  
 City Brookfield State WI Zip 53045  
 Daytime Phone Number (414) 248-1668  
 E-mail Address Hallymilton@sbcglobal.net  
 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 9801 W. DAKOTA  
 Tax Key No. 518-0234-002  
 Aldermanic District 5  
 Current Zoning RA-2  
 Property Owner Daniel J. MILTON  
 Property Owner's Address 19135 Lothman Drive Lower  
Brookfield, WI - 53045  
 Existing Use of Property parking lot to old restaurant  
 Previous Occupant \_\_\_\_\_  
 Total Project Cost Estimate \_\_\_\_\_

## 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 4-24-19  
 Common Council Introduction 1-21-20  
 Common Council Public Hearing N/A

Applicant or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature [Signature] Date 3-25-19



Oper: WALSRJBI Type: OC Drawer: 1  
 Date: 3/25/19 01 Receipt no: 20563  
 GL -1 CERTIFIED SURVEY MAP \$695.00  
 DANIEL J MILTON 1.00  
 GL -2 CNTY CERT SURVEY MAP \$30.00  
 DANIEL J MILTON 1.00  
 CK CHECK PAYMEN 2762 \$725.00  
 Total tendered \$725.00  
 Total payment \$725.00  
 Trans date: 3/25/19 Time: 13:15:40

Oper: WALSRJBI Type: OC Drawer: 1  
 Date: 3/25/19 01 Receipt no: 20609  
 GL -1 CERTIFIED SURVEY MAP \$695.00  
 DANIEL J MILTON 1.00  
 GL -2 CNTY CERT SURVEY MAP \$30.00  
 DANIEL J MILTON 1.00  
 CK CHECK PAYMEN 2763 \$725.00  
 Total tendered \$725.00  
 Total payment \$725.00  
 Trans date: 3/26/19 Time: 14:43:33