

Planning Application



Project Name Makers Row

Applicant or Agent for Applicant

Name Robert Monnat
 Company Mandel Group, Inc. its affiliates and/or assigns
 Address 330 E Kilbourn Ave Suite 600 South
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-347-3600
 E-mail Address rbmonnat@mandelgroup.com
 Fax Number 414) 347-3619

Agent is Representing (Tenant/Owner)

Name Same as applicant
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 E-mail Address _____
 Fax Number _____

Property Information

Property Address 66** W National Ave West Allis WI 53214
 Tax Key No. 454-0648-000
 Aldermanic District 1
 Current Zoning C-3
 Property Owner Community Development Authority
 Property Owner's Address 7525 W Greenfield Ave
West Allis, WI 53214
 Existing Use of Property N/A
 Previous Occupant N/A
 Total Project Cost Estimate \$4,000,000

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 _____

Applicant or Agent Signature [Signature] Date 11/5/20

Property Owner Signature _____ Date _____



Order: WALSHBTL Type: OC Drawer: 1
Date: 11/16/20 21 Receipt no: 66674
GH DEV SPECIAL USE PERMIT \$500.00
1.00
MANDEL GROUP, INC
60 DEV LVL 3 SITE-ARCH PLN R \$500.00
1.00
MANDEL GROUP, INC
61 -1 CERTIFIED SURVEY MAP \$695.00
1.00
MANDEL GROUP, INC
61 -2 CNTY CERT SURVEY MAP \$30.00
1.00
MANDEL GROUP, INC
CK CHECK PAYMEN 3111 \$1725.00
Total tendered \$1725.00
Total payment \$1725.00

Trans date: 11/16/20 Time: 11:59:34