

Planning Application



Project Name Wingstop

Applicant or Agent for Applicant

Name Steven Kolber
 Company Kolbrook Design, Inc.
 Address 828 Davis Street - Suite 300
 City Evanston State IL Zip 60201
 Daytime Phone Number 630-300-4699
 E-mail Address skolber@kolbrook.com
 Fax Number 312-453-0699

Agent is Representing (Tenant/Owner)

Name Asif Rajabali
 Company AR Network
 Address 5005 Newport Drive - Suite 501
 City Rolling Meadows State IL Zip 60008
 Daytime Phone Number 847-571-1163
 E-mail Address asif.rajabali@arnetworkinc.com
 Fax Number _____

Property Information

Property Address 10244 W. National Avenue, West Allis, WI
 Tax Key No. _____
 Aldermanic District _____
 Current Zoning C-4 Regional Commercial District
 Property Owner Badger Century Management, LLC.
 Property Owner's Address P.O. Box 2367, Northbrook, Illinois 60065
 Existing Use of Property The space is currently vacant.
 Previous Occupant GNC was the previous tenant.
 Total Project Cost Estimate \$150,000.00

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 3/24/21
 Common Council Introduction _____
 Common Council Public Hearing 4/7/21

Applicant or Agent Signature _____ Date 02-24-21

Property Owner Signature _____ Date 02-24-21



Doc: W0158071 Type: OC Drawer: 1
Date: 3/03/21 RE Receipt no: 112592
GH DEV SPECIAL USE PERMIT \$500.00
KOLBROOK DESIGN, INC 5623 \$500.00
CK CHECK PAYMEN \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 3/03/21 Time: 14:26:24