

Planning Application



Project Name CHILD DAY CARE

Applicant or Agent for Applicant

Name Suresh Gopalakrishnan
 Company Residence Deals, LLC
 Address 11414 W Park Place, Suite #202
 City Milwaukee State WI Zip 53224
 Daytime Phone Number 262-353-1891
 E-mail Address suresh.gopalakrishnan@yahoo.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name DOUGLAS A. GALLUS
 Company GALLUS ARCHITECTS
 Address 214 N. 76 STREET
 City MILWAUKEE State WI Zip 53213
 Daytime Phone Number 414-259-9555
 E-mail Address DGALLUS@SBCGLOBAL.NET
 Fax Number 414-259-9555

Property Information

Property Address 7234 W. BECHER ST.
 Tax Key No. 476-0321-000
 Aldermanic District 2
 Current Zoning C-2 NEIGHBORHOOD COMM.
 Property Owner MARJORIE A. MARTEN
 Property Owner's Address 5311 S. HIDDEN DR. GREENFIELD 53021
 Existing Use of Property WAREHOUSE/OFFICE
 Previous Occupant NA

Total Project Cost Estimate \$2,500.00

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 \$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 9/27/17
 Common Council Introduction _____
 Common Council Public Hearing 10/11/17

City of West Allis
 Department of Development
AUG 25 2017

Applicant or Agent Signature _____

Suresh Gopalakrishnan

Date 08-08-2017

Property Owner Signature _____

Suresh Gopalakrishnan

Date 08-08-2017



Opert: WALSUBRI Type: DC Drawer: 1
Date: 8/28/17 01 Receipt no: 58906
OH DEV SPECIAL USE PERMIT \$500.00
RESIDENCE DEALS LLC 1.00
00 DEV LVL 3 SITE-ARCH PLN R \$500.00
RESIDENCE DEALS LLC 1.00
CK CHECK PAYMEN 1007 \$1000.00
Total tendered \$1500.00
Total payment \$1000.00

Trans date: 8/28/17 Time: 9:47:21