

# Planning Application Form

City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214  
414/302-8460 ■ 414/302-8401 (Fax) ■ <http://www.ci.west-allis.wi.us>

Agent's Representing (Tenant/Owner)

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Fax Number \_\_\_\_\_

### Application Type and Fee

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
- Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

**Attached Plans Include:** (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other \_\_\_\_\_

Date: 9/21/2011

Please make checks payable to: City Of West Allis

*Guily Solis*

Notary Public  
My Commission Expires \_\_\_\_\_  
2011



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.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Property Address \_\_\_\_\_ Tax Key Number **453-0063-000** Current Zoning \_\_\_\_\_  
Property Owner \_\_\_\_\_  
Property Owner's Address \_\_\_\_\_  
Existing Use of Property \_\_\_\_\_  
Total Project Cost Estimate: \_\_\_\_\_  
Previous Occupant \_\_\_\_\_

### Property Information

Agent Address will be used for all official correspondence.

Applicant or Agent for Applicant  
Name **JALEN A SOLIS**  
Company **SECURITY MARTIAL ARTS**  
Address **1412 S 72ND**  
City **WEST ALLIS** State **WI** Zip **53214**  
Daytime Phone Number **(414) 628-0145**  
E-mail Address **solis.jalen@rath00.com**  
Fax Number \_\_\_\_\_  
Project Name/New Company Name (if applicable) \_\_\_\_\_



*[Handwritten signature]*

*[Handwritten text]*

Date: 10/10/11 01  
 Receipt no: 90933  
 DEV SPECIAL U 1 \$500.00  
 LIBRARY MARYLAND  
 DEV LVL 1 SIT 1 \$100.00  
 GENERAL MARYLAND  
 CK CHECK PR 1032 \$600.00  
 Total tendered \$600.00  
 Total payment \$600.00  
 Trans date: 9/22/11 Time: 10:28:46