

Planning Application



Project Name _____

Applicant or Agent for Applicant

Name Michael Nau
 Company Hillside Properties
 Address 10205 W. Greenfield Ave & 10211 W. Greenfield
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-573-8255
 E-mail Address mnan@300-sbcglobal.net
 Fax Number 414-453-8449

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 10205 W. Greenfield & 10211 W. Greenfield Ave
 Tax Key No. 449-9996-003
 Aldermanic District 5
 Current Zoning M-1
 Property Owner Michael Nau
 Property Owner's Address Hillside Properties Inc
10211 W Greenfield
 Existing Use of Property _____
 Previous Occupant _____
 Total Project Cost Estimate \$0.000

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 12/6/17
 Common Council Introduction 12/29/17 12/5/17
 Common Council Public Hearing N/A

Applicant or Agent Signature _____ Date _____

Property Owner Signature [Signature] Date 11/29/17

