

Tony



Planning Application

Project Name 2011 Massage

Applicant or Agent for Applicant

Name FONG CHIU
Company 2011 Massage
Address 6600 N. SIDNEY PLACE #104
City GENDALE State WI Zip 53209
Daytime Phone Number 414-882-0687
E-mail Address FANNYCHIU188@HOTMAIL.COM
Fax Number _____

Agent is Representing (Tenant/Owner)

Name FONG CHIU
Company _____
Address 6600 N. SIDNEY PLACE #104
City GENDALE State WI Zip 53209
Daytime Phone Number 414-882-0687
E-mail Address FANNYCHIU188@HOTMAIL.COM
Fax Number _____

Property Information

Property Address 735 S. 108th ST., WEST ALLIS WI 53214
Tax Key No. 445-0006-001
Aldermanic District 3
Current Zoning C-3
Property Owner DENNIS BOSCHI
Property Owner's Address W232 S 6820 MILLBROOK CIRCLE, BIG BEND, WI 53103
Existing Use of Property UNOCCUPIED, EMPTY
Previous Occupant MATTRES SAVING STORE
Total Project Cost Estimate \$40,000.00

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 1-22-20
Common Council Introduction _____
Common Council Public Hearing 2-19-20

Applicant or Agent Signature _____

Date 11/19/2019

Property Owner Signature Jana Boschi

Date 11/19/2019



Oper: WALSBJB1 Type: OC Drawer: 1
Date: 11/22/19 01 Receipt no: 79013
GH DEV SPECIAL USE PERMIT
1.00 \$500.00

FONG CHIU
GN DEV LVL 1 SITE-ARCH PLN R
1.00 \$100.00

FONG CHIU
CK CHECK PAYMEN 1010 \$600.00
Total tendered \$600.00
Total payment \$600.00

Trans date: 11/22/19 Time: 12:00:32