

# Planning Application



Project Name Reunion Restaurant

## Applicant or Agent for Applicant

Name Christopher Paul  
 Company Capri Restaurant Group  
 Address 8340 W. Beloit Rd.  
 City West Allis State WI Zip 53219  
 Daytime Phone Number 262.492.9099  
 E-mail Address chris@capridinuovo.com  
 Fax Number N/A

## Agent is Representing (Tenant/Owner)

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

## Property Information

Property Address 6610 W. Greenfield Ave.  
 Tax Key No. 439-0001-032  
 Aldermanic District 1  
 Current Zoning M-1  
 Property Owner City of West Allis CDA  
 Property Owner's Address 7525 W. Greenfield Ave. West Allis, WI.  
 Existing Use of Property \_\_\_\_\_  
 Previous Occupant \_\_\_\_\_  
 Total Project Cost Estimate 1.1M

## 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 10/23/19  
 Common Council Introduction 10/15/19  
 Common Council Public Hearing 11/5/19

City of West Allis  
 Department of Development  
**SEP 26 2019**  
**RECEIVED**

Applicant or Agent Signature [Signature] Date 9/26/19

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



Oper: WALSBIB1 Type: DC Drawer: 1  
Date: 9/26/19 01 Receipt no: 65405  
GH DEV SPECIAL USE PERMIT \$500.00  
1.00  
CAPRI RESTAURANT GRP  
60 DEV LVL 3 SITE-ARCH PLN R \$500.00  
CAPRI RESTAURANT GRP 1381 \$1000.00  
CK CHECK PAYMEN \$1000.00  
Total tendered \$1000.00  
Total payment \$1000.00

Trans date: 9/26/19 Time: 12:42:47

SEP 26 2019