

Planning Application



Project Name KWIK TRIP # 1047

Applicant or Agent for Applicant

Name JEFF OSGOOD
 Company KWIK TRIP, INC
 Address 1626 ONE ST
 City LA CROSSE State WI Zip 54602
 Daytime Phone Number 608-793-5547
 E-mail Address j.osgood@kwiktrip.com
 Fax Number 608-793-6237

Agent is Representing (Tenant/Owner)

Name KAREN JOHNSON
 Company NAI/MLG COMMERCIAL
 Address 757 BRONOMY SUITE 700
 City MILWAUKEE State WI Zip 53202
 Daytime Phone Number 414-659-9535
 E-mail Address kjohnson@mlgcommercial.com
 Fax Number _____

Property Information

Property Address 10901 WEST LAPHAM ST
 SW CORNER OF S. 108TH ST + W. LAPHAM ST
 Tax Key No. PART OF 4489979005 + 4489979004
 Aldermanic District _____
 Current Zoning M-1
 Property Owner COAST CR WASH, LLC
 Property Owner's Address P.O. BOX 1012
 Existing Use of Property BOWLING ALLEY
 Previous Occupant _____

Total Project Cost Estimate 2,000,000.00

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 8-22-18
 Common Council Introduction 8-7-18
 Common Council Public Hearing TBD

Applicant or Agent Signature [Signature] Date 07/27/18

Property Owner Signature _____ Date _____



Oper: WALSRJBI Type: DC Drawer: 1
Date: 8/01/18 01 Receipt no: 51168
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
KWIK TRIP, INC
60 DEV LVL 3 SITE-ARCH PLN R
1.00 \$500.00
KWIK TRIP, INC
CK CHECK PAYMEN 1151754 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 8/01/18 Time: 13:07:40

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Applicant or Agent Signature [Signature]

Date 07/27/2018

Property Owner Signature [Signature]

Date 07/27/2018



