

# Planning Application



Project Name City of Faith Church Daycare

### Applicant or Agent for Applicant

Name Pastor Michael Coles  
 Company City of Faith Church  
 Address 6420 W Mitchell  
 City West Allis State WI Zip 53214  
 Daytime Phone Number 414 350-3682  
 E-mail Address cityoffaith414@outlook.com  
 Fax Number 414-541-6426

### Agent is Representing (Tenant/Owner)

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

### Property Information

Property Address 6420 W Mitchell St  
 Tax Key No. 754-0262-064  
 Aldermanic District 1  
 Current Zoning RB2  
 Property Owner City of Faith Church Corp  
 Property Owner's Address 6420 W Mitchell St  
West Allis, WI 53214  
 Existing Use of Property Church  
 Previous Occupant \_\_\_\_\_

Total Project Cost Estimate \_\_\_\_\_

### 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 10/24/18  
 Common Council Introduction 10-16-18  
 Common Council Public Hearing 11-5-18

Applicant or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

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



Opert: WALSBJR1 Type: OC Drawer: 1  
Date: 10/09/18 01 Receipt no: 67067  
GH DEV SPECIAL USE PERMIT \$500.00  
1.00  
CITY OF FAITH CHURCH CORP  
60 DEV LVL 3 SITE-ARCH PLN R \$500.00  
1.00  
CITY OF FAITH CHURCH CORP  
CK CHECK PAYMEN 2610 \$1000.00  
Total tendered \$1000.00  
Total payment \$1000.00

Trans date: 10/09/18 Time: 15:37:32