



# Planning Application

Project Name Final CSM Chr Hansen Inc

## Applicant or Agent for Applicant

Name Thomas Rasmussen  
Company CHR Hansen Inc  
Address 9015 W Maple Street  
City West Allis State WI Zip 53214  
Daytime Phone Number 414 534 2637  
E-mail Address dktras@chr-hansen.com  
Fax Number \_\_\_\_\_

## Agent is Representing (Tenant/Owner)

Name CHR Hansen Inc  
Company CHR Hansen Inc  
Address 9015 W Maple Street  
City West Allis State WI Zip 53214  
Daytime Phone Number 414 534 2637  
E-mail Address dktras@chr-hansen.com  
Fax Number \_\_\_\_\_

## Property Information

Property Address 9015 W Maple Street  
Tax Key No. 13-1918913  
Aldermanic District 3  
Current Zoning M-1  
Property Owner CHR Hansen Inc.  
Property Owner's Address 9015 W Maple Street, West Allis, WI  
Existing Use of Property \_\_\_\_\_  
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 12/11/19  
Common Council Introduction 12/17  
Common Council Public Hearing 12/17

Applicant or Agent Signature [Signature] Date 10/23/2019

Property Owner Signature [Signature] Date 10/23/2019



Oper: WALSBTRI Type: DC Drawer: 1  
Date: 10/25/19 01 Receipt no: 72417  
0L -1 CERTIFIED SURVEY MAP \$695.00  
1.00  
CHR HANSEN  
0L -2 CNTY CERT SURVEY MAP \$30.00  
1.00  
CHR HANSEN  
CK CHECK PAYMEN 2027741 \$725.00  
Total tendered \$725.00  
Total payment \$725.00  
Trans date: 10/25/19 Time: 14:16:10