

Planning Application Form

City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214
414/302-8460 ■ 414/302-8401 (Fax) ■ <http://www.ci.west-allis.wi.us>

Applicant or Agent for Applicant

Agent is Representing (Owner Leasee)

Name Benjamin Maryama
 Company EXPERT CAR CARE INC
 Address ~~1000 W. NATIONAL AVENUE~~ 2032 E Kenilworth Apt.
 City ~~WEST ALLIS~~ MILWAUKEE State WI Zip ~~53202~~ 53207
 Daytime Phone Number 414-248-1468
 E-mail Address Maryama915@yahoo.com
 Fax Number _____
 Project Name/New Company Name (If applicable) EXPERT CAR CARE INC

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

Agent Address will be used for all official correspondence.

Property Information

Property Address 6807 W NATIONAL AVE
 Tax Key Number 453-0565-000
 Current Zoning _____
 Property Owner KEVIN NUGENT
 Property Owner's Address W 281 N 1695
GOLF VIEW DRIVE
 Existing Use of Property SKATE PARK
 Structure Size 6,934 Addition _____
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate _____
 Total Project Cost Estimate: _____
 Previous Occupant _____

Application Type and Fee

(Check all that apply)

- Request for Rezoning: \$500.00 (Public Hearing required)
Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Special Use: \$500.00 (Public Hearing required)
- Transitional Use \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Certified Survey Map: \$500.00 + \$30.00 County Treasurer
- Planned Development District \$1500.00 (Public Hearing required)
- Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for reapproval
- Signage Plan Review \$100.00
- Street or Alley Vacation/Dedication: \$500.00
- Signage Plan Appeal: \$100.00

Attach detailed description of proposal.

In order to be placed on the Plan Commission agenda, the Department of Development must receive a completed application, appropriate fees, a project description, 6 sets of scaled, folded and stapled plans (24" x 36") and 1 electronic copy (PDF format) of the plans by the last Friday of the month, prior to the month of the Plan Commission meeting.

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site Plan
 Floor Plans
 Elevations
 Signage Plan
 Legal Description
 Certified Survey Map
 Landscaping/Screening Plan
 Grading Plan
 Utility System Plan
 Other _____

Applicant or Agent Signature _____

Date: 11-18-09

Subscribed and sworn to me this
18 day of November, 20 09

Notary Public: [Signature]
 My Commission: 41110

**Please make checks payable to:
City Of West Allis**

Please do not write in this box

Application Accepted and Authorized by: _____

Date: _____

Meeting Date: _____

Total Fee: _____