

# Planning Application



Project Name Joycie's Angels

### Applicant or Agent for Applicant

Name Tawan J Bowling  
 Company Joycie's Angels Lng Cnt, LLC  
 Address 814 W 26th St  
 City Milwaukee State WI Zip 53233  
 Daytime Phone Number 414-378-9375  
 E-mail Address office@jakemail.com  
 Fax Number NA

### Agent is Representing (Tenant/Owner)

Name Tawan J Bowling  
 Company Joycie's Angels Lng Cnt, LLC  
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 City Milwaukee State WI Zip 53233  
 Daytime Phone Number 414-378-9375  
 E-mail Address office@jakemail.com  
 Fax Number NA

### Property Information

Property Address 3117-3125 S 108th St  
 Tax Key No. 523-9997-000  
 Aldermanic District \_\_\_\_\_  
 Current Zoning C-4  
 Property Owner Mazel Company  
 Property Owner's Address 735 W Water St,  
Room 1200, Milwaukee, WI 53202  
 Existing Use of Property Retail  
 Previous Occupant Game Masters  
 Total Project Cost Estimate \$1,345

### 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 \$600
- Certified Survey Map Re-approval \$50
- 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")
  - 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 \_\_\_\_\_

Common Council Introduction \_\_\_\_\_

Common Council Public Hearing \_\_\_\_\_

Applicant or Agent Signature [Signature] Date 3/30/17

Property Owner Signature [Signature] Date 3/30/2017



Oper: WALSBJB1 Type: DC Drawer: 1  
Date: 3/31/17 02 Receipt no: 22294  
GH DEV SPECIAL USE PERMIT  
1.00 \$500.00  
SUMMIT CREDIT UNION  
GM DEV LVL 1 SITE-ARCH PLN R  
1.00 \$100.00  
SUMMIT CREDIT UNION  
CK CHECK PAYMEN 324290 \$600.00  
Total tendered \$600.00  
Total payment \$600.00  
Trans date: 3/30/17 Time: 9:57:48