

Planning Application



Project Name _____

Applicant or Agent for Applicant

Name Scott Cushman
 Company Rest of All Evil Entertainment
 Address N 9276 Elm Rd
 City Elmhurst Lake State WI Zip 53120
 Daytime Phone Number 414-418-3601
 E-mail Address SCATransport@gmail.com

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 1135 W. National Ave
 Tax Key No. 520-9965-036
 Aldermanic District _____
 Current Zoning _____
 Property Owner Bob West Allis WI LLC
 Property Owner's Address 400800 Madison Ave
14th floor NYC NY
 Existing Use of Property Empty
 Previous Occupant Michaels
 Total Project Cost Estimate \$100,000.00

Application Type and Fee (Check all that apply)

- Special Use: (Public Hearing Required) \$525
- Level 1: Site, Landscaping, Architectural Plan Review \$125 (Project Cost \$0-\$1,999)
- Level 2: Site, Landscaping, Architectural Plan Review \$275 (Project Cost \$2,000-\$4,999)
- Level 3: Site, Landscaping, Architectural Plan Review \$525 (Project Cost \$5,000+)
- Site, Landscaping, Architectural Plan Amendment \$125
- Extension of Time \$275
- Master Sign Program Review \$125
- Sign Plan Appeal \$125
- Request for Rezoning \$600 (Public Hearing Required)
Existing Zoning: _____ Proposed Zoning: _____
- Planned Development District \$1,525 (Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$750
- Certified Survey Map Re-approval \$75
- Street or Alley Vacation/Dedication \$525
- Formal Zoning Verification \$225

In order to be placed on the Plan Commission agenda, Planning & Zoning **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
- Set of plans (electronic) - check all that apply
 - Site/Landscaping/Screening Plan
 - Floor Plans
 - Elevations
 - Certified Survey Map
 - Other

Items shall be emailed to Planning@westalliswi.gov
 Please make checks payable to: City of West Allis

FOR OFFICE USE ONLY

Application Received _____
 Plan Commission 4/23/21
 Publication Date _____
 Common Council Introduction _____
 Common Council Public Hearing 7/3-21

Applicant or Agent Signature Scott Cushman Date 5/27/21

Property Owner Signature _____ Date _____



Oper: WALSONJ Type: OC Drawer: 1
 Date: 6/07/21 01 Receipt no: 33366
 GH DEV SPECIAL USE PERMIT
 1.00 \$525.00
 SCA, INC
 CK CHECK PAYMEN 1226 \$525.00
 Total tendered \$525.00
 Total payment \$525.00

Trans date: 6/07/21 Time: 11:38:59

Date: 6/08/21 01 Receipt no: 34057
 OP DEV SITE/LAND/RANCH AMEND
 1.00 \$125.00
 SCA INC
 CK CHECK PAYMEN 0000 \$125.00
 Total tendered \$125.00
 Total payment \$125.00
 Trans date: 6/08/21 Time: 11:43:28