

# Planning Application



Project Name KATER 2 KIDZ

### Applicant or Agent for Applicant

Name Migdalena M. Smith  
 Company Kater2Kidz Salon Spa & Boutique  
 Address 1219 W. Greenfield Ave  
 City West Allis State WI Zip 53214  
 Daytime Phone Number 414-534-9301  
 E-mail Address Kater2Kidzsal@gmail.com  
 Fax Number \_\_\_\_\_

### Agent is Representing (Tenant/Owner)

Name MICHAEL HOTTINGER  
 Company MCH PROPERTIES, LLC  
 Address 1370 S 74th St Ste 104  
 City WEST ALLIS State WI Zip 53214  
 Daytime Phone Number 414-364-2668  
 E-mail Address mike@thebideli.com  
 Fax Number \_\_\_\_\_

### Property Information

Property Address 6125-6129 W GREENFIELD AVE  
 Tax Key No. 454-0062-000  
 Aldermanic District 1  
 Current Zoning C-3  
 Property Owner MICHAEL HOTTINGER  
 Property Owner's Address \_\_\_\_\_  
 Existing Use of Property MIXED USE / VACANT  
 Previous Occupant ALL RISK INSURANCE  
 Total Project Cost Estimate \$1,500

### 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 4-26-17  
 Common Council Introduction 4-18-17  
 Common Council Public Hearing 5-2-17

Applicant or Agent Signature Migdalena M. Smith Date 3/22/2017

Property Owner Signature M. Hottinger Date 3/22/17



Open: WALSRI1 Type: OC Drawer: 1  
Date: 3/24/17 02 Receipt no: 22106  
GH DEV SPECIAL USE PERMIT  
1.00 \$500.00  
KATER 2 KIDZ  
GM DEV LVL 1 SITE-ARCH PLN R  
1.00 \$100.00  
KATER 2 KIDZ  
CA CASH PAYMENT \$600.00  
Total tendered \$600.00  
Total payment \$600.00

Trans date: 3/29/17 Time: 12:11:43