

Planning Application



Project Name WILDE TOYOTA EMPLOYEE PARKING

Applicant or Agent for Applicant

Name BRANNIN GRIES
 Company GRIES ARCHITECTURAL GROUP
 Address 500 N. COMMERCIAL STREET
 City NEENAH State WI Zip 54956
 Daytime Phone Number (920) 722-2445
 E-mail Address brannin@gries.design
 Fax Number (920) 722-4605

Agent is Representing (Tenant/Owner)

Name PAT DONAHUE
 Company WILDE FAMILY LIMITED PARTNERSHIP
 Address 1710 A HIGHWAY 164
 City WAUKEGHA State WI Zip 53186
 Daytime Phone Number (262) 544-5400
 E-mail Address pdonahue@wildeautomotive.com
 Fax Number (414) 322-1962 cell

Property Information

Property Address 3312, 3300 BLOCK S. WOLLMER RD.
 Tax Key No. 523-9947-000 523-9948-001 and 002
 Aldermanic District 5 WARD 2A
 Current Zoning RL-1
 Property Owner WILDE FAMILY LIMITED PARTNERSHIP
 Property Owner's Address 1710 A HIGHWAY 164
WAUKEGHA, WI 53186
 Existing Use of Property VACANT LAND
 Previous Occupant _____

Total Project Cost Estimate _____

Application Type and Fee

(Check all that apply)

- Special Use: (Public Hearing Required) \$500 - 14/14/15 rec'd. ^{6th}
- 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 - OK 12/16 rec'd
- Extension of Time \$250
- Signage Plan Appeal \$100
- Request for Rezoning \$500 (Public Hearing Required) - 12/15 rec'd. ⁶⁵
 Existing Zoning: RL-1 Proposed Zoning: C-4
- Request for Ordinance Amendment \$500
- Planned Development District \$1,500 (Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$600 - OK 12/16 rec'd
- 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 1-27-16
 Common Council Introduction 1-19-16
 Common Council Public Hearing 2-2-16

Applicant or Agent Signature _____ Date 12.14.2015

Property Owner Signature _____ Date 12.14.2015

