



Planning Application

Project Name Grocery + Liquor Store

Applicant or Agent for Applicant

Name LUIS BARBOSA-ARCHITECT
Company BMR DESIGN GROUP INC
Address 503 WEST LINCOLN AVE
City MILWAUKEE State WI Zip 53207
Daytime Phone Number 414 384 2996
E-mail Address BMR3DEA@GMAIL.COM
Fax Number 414-384-3904

Agent is Representing (Tenant/Owner)

Name PATRICIA ORTIZ
Company ORTIZ-HERRERA REALTY
Address 3841 S. CENTENNIAL CIRCLE
City MILWAUKEE State WI Zip 53221
Daytime Phone Number 414-779-0029
E-mail Address ORTIZ3995@GMAIL.COM
Fax Number 414-212-8676

Property Information

Property Address 8825 WEST NATIONAL AV.
Tax Key No. 478-0081-001
Aldermanic District 4
Current Zoning C-2, Neighborhood COMMERCIAL
Property Owner _____
Property Owner's Address 3841 S. CENTENNIAL CIRCLE MILWAUKEE WI 53221
Existing Use of Property VACANT-COMMERCIAL-RESIDENTIAL
Previous Occupant WESTALLIS POOL SUPPLY
Total Project Cost Estimate \$ 60,400 +/-

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 \$725
- Certified Survey Map Re-approval \$75
- 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") - check all that apply
 - 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 10/28/20
Common Council Introduction _____
Common Council Public Hearing 11/4/20

Applicant or Agent Signature Luis Barbosa Date September 24, 2020

Property Owner Signature Patricia Ortiz Date September 24, 2020



Oper: WALSB081 Type: OC Drawer: 1
Date: 10/05/20 01 Receipt no: 56059
GH DEV SPECIAL USE PERMIT \$500.00
1.00
ORTIZ HERRERA REALTY LLC \$500.00
CK CHECK PAYMEN 1003 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 10/05/20 Time: 12:54:40

Oper: WALSB081 Type: OC Drawer: 1
Date: 10/05/20 01 Receipt no: 56059
GO DEV LVL 3 SITE-ARCH PLN R
1.00 \$500.00
ORTIZ HERRERA REALTY, LLC
CK CHECK PAYMEN 1003 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 10/05/20 Time: 12:55:41