

Planning Application



Project Name Curtis Ambulance

Applicant or Agent for Applicant

Name Daniel Robakowski
 Company Curtis Universal Ambulance, Inc.
 Address P.O. Box 2007
 City Milwaukee State WI Zip 53201
 Daytime Phone Number 414-559-1471
 E-mail Address dan@curtisambulance.cc
 Fax Number 414-483-1880

Agent is Representing (Tenant/Owner)

Name James G. Baker, Jr.
 Company Curtis Universal Ambulance, Inc.
 Address P.O. Box 2007
 City Milwaukee State WI Zip 53201
 Daytime Phone Number 414-276-7711
 E-mail Address jbaker@curtisambulance.cc
 Fax Number 414-276-3291

Property Information

Property Address 5100 W. Lincoln Ave. West Allis WI 53219
 Tax Key No. 474-0007-003
 Aldermanic District District 1
 Current Zoning M-1
 Property Owner TD Investments
 Property Owner's Address 657 S. 72nd St.
Milwaukee, WI 53214
 Existing Use of Property vacant
 Previous Occupant Carpets Plus
 Total Project Cost Estimate - 0 -

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 6-24
 Common Council Introduction 7-7, 6-16
 Common Council Public Hearing 7-7

Applicant or Agent Signature [Signature]

Date 03/27/2015

Property Owner Signature _____

Date _____



Oper: WALSBURJL Type: OC Drawer: 1
Date: 5/22/15 01 Receipt no: 38667
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
CURTIS UNIVERSAL INC.
GM DEV LVL 1 SITE-ARCH PLN R
1.00 \$100.00
CURTIS UNIVERSAL INC. 44825 \$600.00
CK CHECK PAYMEN \$600.00
Total tendered \$600.00
Total payment \$600.00

Trans date: 6/01/15 Time: 11:06:24