



Planning Application

Project Name 7601 W Becher Child Care Center

Applicant or Agent for Applicant

Name Samuel Stair
Company S2 Real Estate 7601 W Becher LLC
Address 2925 W Lincoln Ave.
City Milwaukee State WI Zip 53215
Daytime Phone Number 414-732-3682
E-mail Address sstair@s2support.com
Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 7601 W Becher St.
Tax Key No. 477-0736-001
Aldermanic District _____
Current Zoning C-2
Property Owner S2 Real Estate 7601 W Becher LLC
Property Owner's Address 2925 W. lincoln Ave
Existing Use of Property Child Care Center
Previous Occupant _____
Total Project Cost Estimate \$1500

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	<u>7/24/19</u>
Common Council Introduction	<u>7/16/19</u>
Common Council Public Hearing	<u>TBD</u>

Applicant or Agent Signature _____ Date _____

Property Owner Signature [Signature] Date 6-29-19



Oper: WALSBIB1 Type: OC Drawer: 1
Date: 7/01/19 01 Receipt no: 44335
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
SAM P. STAIR
GP DEV SITE/LAND/ARCH AMEND
1.00 \$100.00
SAM P. STAIR
CK CHECK PAYMEN 2872 \$600.00
Total tendered \$600.00
Total payment \$600.00
Trans date: 7/01/19 Time: 11:43:00