

Planning Application



Project Name The Mechanics

Applicant or Agent for Applicant

Name Jim Schmidkunz
 Company Schmidkunz & Schmidkunz Inc
 Address 3902 E. Bernard Ave
 City Cudahy State WV Zip 53110
 Daytime Phone Number 414-234-6047
 E-mail Address mrcan69@Juno.com
 Fax Number N/A

Agent is Representing (Tenant/Owner)

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number 414-779-0600
 E-mail Address _____
 Fax Number _____

Property Information

Property Address 9435 W Lincoln Ave
 Tax Key No. 486-0053-000
 Aldermanic District 4
 Current Zoning _____
 Property Owner _____
 Property Owner's Address _____
 Existing Use of Property _____
 Previous Occupant _____
 Total Project Cost Estimate \$50K

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 1/25/17
 Common Council Introduction 1/17/17
 Common Council Public Hearing 2/17/17

Applicant or Agent Signature Jim Schmidkunz Date 1-2-17

Property Owner Signature E. Ajob Date 1-2-17



2001
Oper: WALSBIB1 Check: 78
Date: 12/30/16 01 Recept no: \$1000.00
CHECK PAYMENTS \$1000.00
Amount tendered
FOR DEPOSIT ONLY IN
TRI-CITY MAIL BK
CITY OF WEST ALLIS #17107-250

Oper: WALSBIB1 Type: OC Drawer: 1
Date: 12/30/16 01 Receipt no: 78
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
SCHMIDKUNZ & SCHMIDKUNZ
GO DEV LVL 3 SITE-ARCH PLN R
1.00 \$500.00
SCHMIDKUNZ & SCHMIDKUNZ
CK CHECK PAYMEN 2001 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 1/03/17 Time: 10:57:19