

Planning Application



Project Name Bollons Up West Allis

Applicant or Agent for Applicant

Name TODD HALL
 Company BFS WI, LLC
 Address 7127 W. NATIONAL AVE
 City WEST ALLIS State WI Zip 53214
 Daytime Phone Number _____
 E-mail Address toddhall08@gmail.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name CHAZ HASTINGS
 Company BFS WI, LLC
 Address 11310 W. Silver Springs Dr
 City MILWAUKEE State WI Zip 53211
 Daytime Phone Number 414-334-9363
 E-mail Address chastings@milwaukeeharley.com
 Fax Number _____

Property Information

Property Address 7127 W. National
 Tax Key No. 453-0612000
 Aldermanic District 2
 Current Zoning C2
 Property Owner BFS WI, LLC
 Property Owner's Address 11310 W. Silver Springs Dr
 Existing Use of Property Mixed Use
 Previous Occupant NUSTAT COURT
 Total Project Cost Estimate Hook

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 July 22
 Common Council Introduction July 7
 Common Council Public Hearing Aug 7

Applicant or Agent Signature [Signature] Date 6/16/11

Property Owner Signature _____ Date _____



Oper: WAL98J81 Type: OC Drawer: 1
Date: 6/26/15 01 Receipt no: 42204
60 DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00
H.P.K. LLC BOTTOMS UP TAV
GH DEV SPECIAL USE PERMIT 1.00 \$500.00
H.P.K. LLC BOTTOMS UP TAV
CK CHECK PAYMEN 1219 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 6/12/15 Time: 12:26:11

[Faint handwritten notes and scribbles, including "6/26/15", "42204", and other illegible text.]