

Planning Application Form



Project Name STRIKERS EXPANSION

Applicant or Agent for Applicant

Name CHRIS BRISCOE
 Company Curtis Rd LLC
 Address 250 S Executive Dr. #300
 City Brookfield State WI Zip 53005
 Daytime Phone Number 414-397-8905
 E-mail Address cbinvestments@me.com
 Fax Number 262-786-2888

Agent is Representing (Tenant/Owner)

Name Chris Briscoe
 Company STRIKERS OF WISCONSIN LLC
 Address 250 S. EXECUTIVE DR.
 City BROOKFIELD State WI Zip 53005
 Daytime Phone Number 414-397-8905
 E-mail Address cbinvestments@me.com
 Fax Number 262-786-2888

Property Information

Property Address 430-450 S. CURTIS RD
 Tax Key No. 413-9999-025
 Aldermanic District 3
 Current Zoning M-1 MANUFACTURING
 Property Owner CHRIS BRISCOE
 Property Owner's Address 111 W 31312 Fairfield Way
Delafield WI 53018
 Existing Use of Property MULTI-TENANT INDUSTRIAL
 Previous Occupant Mortl Sealants
 Total Project Cost Estimate _____

Application Type and Fee

(Check all that apply)

- Special Use: \$500 (Public Hearing Required)
 - 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 5/29/14
 Common Council Introduction 5/20/14
 Common Council Public Hearing 6/3/14

Applicant or Agent Signature _____

Chris Briscoe

Date 4-12-14

