



Planning Application

Project Name Pope Auto Used Vehicle Sales (indoor)

Applicant or Agent for Applicant

Name Nick Pope
Company Pope Auto Work
Address 10204 W. Greenfield Ave.
City West Allis State WI Zip 53214
Daytime Phone Number (414) 453-4210
E-mail Address PopeAutoWork@gmail.com
Fax Number (414) 453-3149

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address ¹⁰²¹⁴⁺ 10204 W. Greenfield Ave
Tax Key No. 444-0392-000, 444-0393-000, 444-0391-000
Aldermanic District 3
Current Zoning C-3
Property Owner Nick Pope
Property Owner's Address 3660 Sunny Crest Dr. Brookfield, WI 53005
Existing Use of Property Automotive Repair
Previous Occupant Automotive Repair
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 \$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

of plan

Please make checks payable to:
City of West Allis

FOR OFFICE USE ONLY

Plan Commission 10/2/20
Common Council Introduction _____
Common Council Public Hearing Jan 2021

Applicant or Agent Signature _____

Date 10-27-20

Property Owner Signature _____

Date 10-27-20



TRF: WTL00001 Check: 105050
Date: 11/02/20 01 Receipt no: 62135
CHECK PAYMENTS \$600.00
Amount tendered \$600.00
FOR DEPOSIT ONLY
TRI-CITY MATL BKK
CITY OF WEST ALLIS #17107-250