

# Planning Application Form



Project Name WI Self Storage

## Applicant or Agent for Applicant

Name James B. O'Malley  
 Company WI SELF STORAGE WEST ALLIS LLC  
 Address 5715 South 108th Street  
 City Hales Corners State WI Zip 53130  
 Daytime Phone Number (414) 425-5700  
 E-mail Address jomalley@wiselfstorage.com  
 Fax Number (414) 425-5048

## Agent is Representing (Tenant/Owner)

~~Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_~~

## Property Information

Property Address 11050 W Cleveland Avenue  
 Tax Key No. 484-9986-007  
 Aldermanic District District #5  
 Current Zoning C-4 Commercial/ M-1 Manf.  
 Property Owner JDN WEST ALLIS ASSOCIATES LP  
 Property Owner's Address 3300 ENTERPRISE PARKWAY  
 BEACHWOOD, OH 44122  
 Existing Use of Property Warehouse  
 Previous Occupant Warehouse/Distribution  
 Total Project Cost Estimate \$ 4,244,100

## 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: C-4 Proposed Zoning: M-1
  - 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
- Total \$ 1,700

**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 2/26  
 Common Council Introduction 2/18  
 Common Council Public Hearing TBD

Applicant or Agent Signature James B O'Malley  
 James B O'Malley

Date 1/27/2014

