

Planning Application



Project Name VERZON - ELECTRIC AVE

Applicant or Agent for Applicant

Name ROHAID ZEKEL
 Company AGENT - CENTRAL STATES TOWER/VERZON
 Address C/O 544 E. OLDEA AVE STE 101 #205
 City MILWAUKEE State WI Zip 53202
 Daytime Phone Number 414-588-6012
 E-mail Address rms@intaccess.com
 Fax Number 414-755-0899

Agent is Representing (Tenant/Owner)

Name _____
 Company CENTRAL STATES TOWER - VERZON WIRELESS
 Address 327 S. HALE ST, STE 100
 City WHAUOAT State IL Zip 60187
 Daytime Phone Number 414-588-6012 - Agent
 E-mail Address rms@intaccess.com - Agent
 Fax Number _____

Property Information

Property Address 2101 S. 54th ST.
 Tax Key No. 414 0004001 474-0002-002
 Aldermanic District Confirmed w/ Sharon
 Current Zoning COMMERCIAL
 Property Owner INDUSTRIAL PLAZA FRED CRE
 Property Owner's Address 189 NORTH WATER STREET, MILWAUKEE, WI
 Existing Use of Property MANUFACTURER - COMMERCIAL
 Previous Occupant HA
 Total Project Cost Estimate \$150,000

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 Early December
 Common Council Introduction Oct 28 Dec 1
 Common Council Public Hearing Nov 17 Dec 15

Applicant or Agent Signature [Signature] Date 9-29-2015

Property Owner Signature _____ Date _____



Oper: WALSBUR1 Type: OC Drawer: 1
Date: 10/30/15 01 Receipt no: 74536
GH DEV SPECIAL USE PERMIT \$500.00
1.00
CENTRAL STATES TOWER III,
60 DEV LVL 3 SITE-ARCH PLN R \$500.00
1.00
CENTRAL STATES TOWER III
CK CHECK PAYMEN 2052 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 10/14/15 Time: 14:41:11