

Planning Application



Project Name WA Community Child Care, LLC

Applicant or Agent for Applicant

Name Thomas Wachowiak
 Company WA Community Child Care, LLC
 Address 6682 W. Greenfield Ave, #105
 City West Allis State WI Zip 53214
 Daytime Phone Number (414) 510-2413
 E-mail Address info@wacommunitychildcare.com
 Fax Number (414) 877-5204

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 6682 W. Greenfield Ave.
 Tax Key No. 439-0001-031
 Aldermanic District District 1 Ward 1
 Current Zoning M1
 Property Owner 6682 LLC
 Property Owner's Address 6737 W. Washington St
Suite 2000, West Allis, WI 53214
 Existing Use of Property Office / Industrial / Daycare
 Previous Occupant _____
 Total Project Cost Estimate \$ 300,000

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 \$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

Please make checks payable to:
City of West Allis

FOR OFFICE USE ONLY

Plan Commission 6/26/19
 Common Council Introduction 7/16/19
 Common Council Public Hearing 7/16/19

Applicant or Agent Signature _____ Date 6/12/19

Property Owner Signature _____ Date 6/5/19



Oper: WALSRJ1 Type: OC Drawer: 1
Date: 6/07/19 01 Receipt no: 38103
GH DEV SPECIAL USE PERMIT \$500.00
1.00
WA COMMUNITY CHILD CARE
GO DEV LVL 3 SITE-ARCH PLN R \$500.00
1.00
WA COMMUNITY CHILD CARE
CK CHECK PAYMEN 11993 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 6/07/19 Time: 14:17:15