

# Planning Application



Project Name Carrie's Crispies - 7133 West Becher St.

## Applicant or Agent for Applicant

Name Carrie Cieslak  
 Company Carrie's Crispies  
 Address 4925 West Bottsford Avenue  
 City Greenfield State WI Zip 53220  
 Daytime Phone Number 414-858-8228  
 E-mail Address CarriesCrispies@gmail.com  
 Fax Number N/A

## Agent is Representing (Tenant/Owner)

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

## Property Information

Property Address 7133 W. Becher St., West Allis, WI 53219  
 Tax Key No. 456-1028764535-02  
 Aldermanic District 2  
 Current Zoning Residential C2  
 Property Owner Carrie Cieslak  
 Property Owner's Address \_\_\_\_\_  
4925 West Bottsford Avenue, Greenfield, WI 53220  
 Existing Use of Property Currently Vacant  
 Previous Occupant Dave Shanklin

Total Project Cost Estimate \$1,500

## 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 2/26/20  
 Common Council Introduction 3/3/20  
 Common Council Public Hearing 3/3/20

Applicant or Agent Signature Carrie Cieslak Date 1/30/20

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



User: WALSUBRI Type: OC Drawer: 1  
 Date: 2/04/20 of Receipt no: 7711  
 00 DEV SPECIAL USE PERMIT \$300.00  
 1.00  
 CARRIES CRISPPIES LLC  
 CK CHECK PAYMEN 1154 \$500.00  
 Total tendered \$500.00  
 Total payment \$500.00  
 Trans date: 2/04/20 Time: 11:44:11

User: WALSUBRI Type: OC Drawer: 1  
 Date: 2/04/20 of Receipt no: 7712  
 00 DEV LVL 1 SITE-RSNA MN R  
 CARRIES CRISPPIES LLC  
 1.00  
 CK CHECK PAYMEN 1154 \$100.00  
 Total tendered \$100.00  
 Total payment \$100.00  
 Trans date: 2/04/20 Time: 11:44:09