

Planning Application



Project Name Agnos

Applicant or Agent for Applicant

Name Peter Agnos
 Company _____
 Address 860 E Briar Ridge Dr
 City Brookfield State WI Zip 53005
 Daytime Phone Number (414) 793-6519
 E-mail Address _____
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name AL JACOBSON
 Company J-L Enterprises
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 E-mail Address ewd0123@aol.com
 Fax Number _____

Property Information

Property Address 1606 S 84th
 Tax Key No. 452-9999-010-4
 Aldermanic District 452-0431-001 (2)
 Current Zoning Special Use
 Property Owner Peter Agnos
 Property Owner's Address 860 E Briar Ridge Dr
Brookfield WI
 Existing Use of Property Parking
 Previous Occupant Bank
 Total Project Cost Estimate _____

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 4/23/20
 Common Council Introduction 5/5/20
 Common Council Public Hearing N/A

Applicant or Agent Signature [Signature] Date 1/31/20

Property Owner Signature [Signature] Date 1/31/20



Oper: WALSBRI Type: DC Drawer: 1
Date: 2/24/20 01 Receipt no: 7731
GL -1 CERTIFIED SURVEY MAP \$695.00
PETER G AGNOS 1.00
GL -2 CNTY CERT SURVEY MAP \$30.00
PETER G AGNOS 1.00
CK CHECK PAYMEN 72500 \$725.00
Total tendered \$725.00
Total payment \$725.00

Trans date: 2/24/20 Time: 12:01:55