

Planning Application Form

City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214
414/302-8460 ■ 414/302-8401 (Fax) ■ <http://www.ci.west-allis.wi.us>

Applicant or Agent for Applicant

Name RICH LUCE
 Company CONSOLIDATED CONSTR. Co.
 Address 4300 N. RICHMOND ST.
 City APPLETON State WI Zip 54913
 Daytime Phone Number (920) 882-2524
 E-mail Address RLUCE@CONSOLIDATED-CONST.COM
 Fax Number (920) 882-2624
 Project Name/New Company Name (If applicable) XPERIENCE FITNESS

Agent Address will be used for all official correspondence.

Property Information

Property Address 6706 W. GREENFIELD AVE.
 Tax Key Number _____
 Current Zoning _____
 Property Owner RAMCO-GERSHENSON PROP TRUST
 Property Owner's Address 31500 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334
 Existing Use of Property _____
 Total Project Cost Estimate: \$ 675,000
 Previous Occupant _____

Agent is Representing (Tenant/Owner)

Name JAMIE NELSON
 Company XPERIENCE FITNESS
 Address 2323 E. CAPITOL DR.
 City APPLETON State WI Zip 54911
 Daytime Phone Number (920) 882-0010
 E-mail Address _____
 Fax Number _____

Application Type and Fee

(Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
- Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other _____

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.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format) EMAIL
- Total Project Cost Estimate

Applicant or Agent Signature



Date: 10/29/12

Subscribed and sworn to me this _____ day of _____, 20____

Notary Public: _____

My Commission: _____

**Please make checks payable to:
City Of West Allis**

Oper: GNRCDDEV Type: DC Drawer: 1
Date: 10/30/12 01 Receipt no: 97966
BH DEV SPECIAL U 1 \$500.00
CONSOLIDATED CONSTRUCTION
BM DEV LVL 1 SIT 1
CONSOLIDATED CONSTRUCTION \$100.00
CK CHECK PA 135543 \$500.00
Total tendered \$500.00
Total payment \$500.00
Trans date: 10/30/12 Time: 8:31:11