

Planning Application



Project Name SoNa Lofts

Applicant or Agent for Applicant

Name Robert Monnat
Company Mandel Group, Inc. its affiliates and/or assigns
Address 330 E Kilbourn Ave Suite 600 South
City Milwaukee State WI Zip 53202
Daytime Phone Number 414-347-3600
E-mail Address rbmonnat@mandelgroup.com
Fax Number 414) 347-3619

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 66** W National Ave West Allis WI 53214
Tax Key No. 454-0648-000
Aldermanic District 1
Current Zoning C-3
Property Owner Community Development Authority
Property Owner's Address 7525 W Greenfield Ave
West Allis, WI 53214
Existing Use of Property N/A
Previous Occupant N/A

Total Project Cost Estimate \$20,000,000

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 12/2/20
Common Council Introduction _____
Common Council Public Hearing _____

Applicant or Agent Signature [Signature] Date 11/5/20

Property Owner Signature _____ Date _____



Oper: MAL58061 Type: OC Drawer: 1
Date: 11/17/20 01 Receipt no: 55239
GJ DEV REQUEST FOR REZONING
1.00 \$500.00
MANDEL GROUP, INC 3120 \$500.00
CK CHECK PAYMEN
Total tendered \$500.00
Total payment \$500.00

Trans date: 11/17/20 Time: 13:37:09

Date: 11/17/20 01 Receipt no: 55240
BH DEV SPECIAL USE PERMIT
1.00 \$500.00
MANDEL GROUP, INC
00 DEV LVL 3 SITE-ANCH PLN R
1.00 \$500.00
MANDEL GROUP, INC 3119 \$1000.00
CK CHECK PAYMEN
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 11/17/20 Time: 13:38:24