

Planning Application



Project Name Evolution Fitness

Applicant or Agent for Applicant

Name Jon Hubbard
 Company EVOLUTION FITNESS
 Address 425 Field St.
 City Mukwonago State WI Zip 53149
 Daytime Phone Number 262-331-4334
 E-mail Address Jon@evolutionft.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 212 S. Curtis Rd
 Tax Key No. 413-9999-027
 Aldermanic District 3
 Current Zoning M-2
 Property Owner _____
 Property Owner's Address AA Hebert Jr Real Estate LLC
PO Box 107, Elm Grove, WI 53122
 Existing Use of Property _____
 Previous Occupant Wisconsin Window S&I
Great Skott Foods
 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 \$600
- Certified Survey Map Re-approval \$50
- 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")
 - 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 Dec 2
 Common Council Introduction Dec 1
 Common Council Public Hearing Dec 15

Applicant or Agent Signature [Signature] Date 10/26/15

Property Owner Signature _____ Date _____



Operator: WALSBY01 Type: OC Drawer: 1
Date: 11/13/15 01 Receipt no: 78609
6H DEV SPECIAL USE PERMIT \$500.00
1.00
EVOLUTION FITNESS TRAININ
GM DEV LVL 1 SITE-ARCH PLN R \$100.00
EVOLUTION FITNESS TRAININ
CK CHECK PAYMEN 1225 \$600.00
Total tendered \$600.00
Total payment \$600.00
Trans date: 10/23/15 Time: 12:54:26



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GM DEV LVL 1 SITE-ARCH PLN R \$100.00
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