

Planning Application



Project Name All About Learning

Applicant or Agent for Applicant

Name Corinne Thiesen & Tracy Aslin
 Company All About Learning
 Address P.O. Box 177
 City Okauchee State WI Zip 53069
 Daytime Phone Number 262-613-3420
 E-mail Address ct@aalchildcare.com
 Fax Number 262-244-1453

Agent is Representing (Tenant/Owner)

Name STRUCRITE INC
 Company BOYD COLEMAN
 Address 805 CLINTON ST
 City WAKESHA State WI Zip 53186
 Daytime Phone Number 262 549 3222 X 2
 E-mail Address betco@boydcos.com
 Fax Number 262 896 2079

Property Information

Property Address 11575 W. Theodore Trecker Way, W
 Tax Key No. 4450756001
 Aldermanic District 3
 Current Zoning M-1
 Property Owner AAL Limited Liability Co
 Property Owner's Address P.O. Box 177 Okauchee, WI
 Existing Use of Property Rental for Staffing agency and other
 Previous Occupant _____
 Total Project Cost Estimate 150,000.00

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 April 25
 Common Council Introduction April 17
 Common Council Public Hearing May 1

Applicant or Agent Signature _____

Date _____

Property Owner Signature Corinne Thiesen
Tenative

City of West Allis
 Department of Development
 Date 3/30/18
 MAR 30 2018



Oper: WALSLEY Type: OC Drawn: 1
 Date: 3/30/18 Receipt no: 21909
 GH DEV SPECIAL USE PERMIT
 1.00 \$500.00
 BOYD E COLEMAN III
 60 DEV LVL 3 SITE-ARCH PLN R
 1.00 \$500.00
 BOYD E COLEMAN III 7005 \$1000.00
 CK CHECK PAYMEN \$1000.00
 Total tendered \$1000.00
 Total payment \$1000.00

Trans date: 3/30/18 Time: 16:27:20