

City of West Allis  
Department of Development

Steele

# Planning Application

DEC 27 2019

RECEIVED



Project Name STATE FAIR LIQUOR

### Applicant or Agent for Applicant

Name PARITRA HALDER  
Company STATE FAIR LIQUOR  
Address 2248 S. 108th St. Food Inc  
City West Allis State WI Zip 53227  
Daytime Phone Number 414-324-1693  
E-mail Address \_\_\_\_\_  
Fax Number 414-282-9240

### Agent is Representing (Tenant/Owner)

Name SAME  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Fax Number \_\_\_\_\_

### Property Information

Property Address 2248 S. 108th St  
Tax Key No. 4800275001  
Aldermanic District \_\_\_\_\_  
Current Zoning C-4  
Property Owner EE Acquisitions LLC  
Property Owner's Address 483 S. Washington St. Elmhurst, IL 60126  
Existing Use of Property Salon + Apartments  
Previous Occupant Salon

### 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

? x Total Project Cost Estimate \$15,000

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 1-27-20  
Common Council Introduction \_\_\_\_\_  
Common Council Public Hearing 2-19-20

Applicant or Agent Signature [Signature] Date 12/23/19

Property Owner Signature [Signature] Date 12/27/2019

Digitally signed by

Michael Anthony Combs

160 357/01 013744:



Oper: WALSBTB1 Type: OC Drawer: 1  
Date: 1/03/20 01 Receipt no: 400  
GH DEV SPECIAL USE PERMIT 1.00 \$500.00  
STATE FAIR LIQUOR  
GO DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00  
STATE FAIR LIQUOR  
CK CHECK PAYMEN 1000 \$1000.00  
Total tendered \$1000.00  
Total payment \$1000.00  
Trans date: 1/03/20 Time: 11:27:20