

# Planning Application



Project Name THE FILLING STATION

## Applicant or Agent for Applicant

Name MARK LUTZ  
 Company LUTZ LAND MANAGEMENT  
 Address P.O. BOX 270592  
 City MILWAUKEE State WI Zip 53227  
 Daytime Phone Number 262-617-3276  
 E-mail Address MLUTZ12368@GMAIL.COM  
 Fax Number NA

## Agent is Representing (Tenant/Owner)

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

## Property Information

Property Address 6800 W. BECHER ST  
 Tax Key No. 476-0105-000  
 Aldermanic District 2  
 Current Zoning C2  
 Property Owner LUTZ LAND MANAGEMENT  
 Property Owner's Address P.O. BOX 270592  
MILWAUKEE, WI 53227  
 Existing Use of Property SERVICE STATION  
 Previous Occupant ANS  
 Total Project Cost Estimate 130,000.00

## 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 5/29/19  
 Common Council Introduction 5/21/19  
 Common Council Public Hearing 6/4/19

Applicant or Agent Signature [Signature]

Date 9/19/19

Property Owner Signature [Signature]

Date 9/19/19



Oper: WALSBURD Type: OC Drawer: 1  
Date: 4/23/19 01 Receipt no: 27603  
GH DEV SPECIAL USE PERMIT \$500.00  
1.00  
WEST ALLIS CHEESE & SAUSA \$500.00  
GO DEV LVL 3 SITE-ARCH PLN R  
WEST ALLIS CHEESE & SAUSA  
CK CHECK PAYMEN 35620 \$1000.00  
Total tendered \$1000.00  
Total payment \$1000.00

Trans date: 4/23/19 Time: 13:41:40