

Planning Application Form



Project Name O'Connor's

Applicant or Agent for Applicant

Name Michael O'Connor
 Company O'Connor's Perfect Pint
 Address 8423 w. Greenfield Ave.
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-254-4000
 E-mail Address oconnorsperfectpint@yahoo.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name Mike O'Connor
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 E-mail Address _____
 Fax Number _____

Property Information

Property Address 8423 w. Greenfield Ave
 Tax Key No. 24960
 Aldermanic District _____
 Current Zoning _____
 Property Owner Michael O'Connor
 Property Owner's Address 15435 Carpenter Rd
Brookfield 53005
 Existing Use of Property O'Connor's Perfect Pint
 Previous Occupant Mr. Guinness
 Total Project Cost Estimate \$40,000

Application Type and Fee

(Check all that apply)

- Special Use: \$500 (Public Hearing Required)
 - 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 6/25/14
 Common Council Introduction 6/17/14
 Common Council Public Hearing 7/2/14

Applicant or Agent Signature [Signature]

Date 5-29-14

