

City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number

Title

Status

2009-0414

Special Use Permit

Introduced

Special Use Permit to establish God's Will Resale Shop located at 6323 W. Greenfield Ave.

(Tax Key No. 454-0179-001)

Introduced: 6/16/2009

Controlling Body: Safety & Development Committee

Plan Commission

COMMITTEE	RECOMM	ENDATION _	J.	KE			
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Planning Application Form

City of West Allis 7525 West Greenfield Avenue, West Allis, Wisconsin 53214 414/302-8460 ■ 414/302-8401 (Fax) ■ http://www.ci.west-allis.wi.us Agent is Representing Owner Leasee Applicant or Agent for Applicant Name Company Address _____State ____ Zip City_ Daytime Phone Number E-mail Address Fax Number ____ Fax Number Project Name/New Company Name (If applicable) Application Type and Fee (Check all that apply) Agent Address will be used for all offical correspondence. Request for Rezoning: \$500.00 (Public Hearing required) Existing Zoning: _____ Proposed Zoning: Property Information Request for Ordinance Amendment \$500.00 Special Use: \$500.00 (Public Hearing required) Tax Key Number 454 Transitional Use \$500.00 (Public Hearing Required) Level 1 Site, Landscaping, Architectural Plan Review \$100.00 Property Owner MUNDA HUDGE THIESTNOW Level 2 Site, Landscaping, Architectural Plan Review \$250.00 Property Owner's Address Level 3 Site, Landscaping, Architectural Plan Review \$500.00 mukwonaco Site, Landscaping, Architectural Plan Amendments \$100.00 Existing Use of Property _ P & Sale. \ Extension of Time: \$250.00 ☐ Certified Survey Map: \$500.00 + \$30.00 County Treasurer Structure Size 1000 Addition Planned Development District \$1500.00(Public Hearing required) Construction Cost Estimate: Hard Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for Landscaping Cost Estimate reapproval Total Project Cost Estimate: ☐ Signage Plan Review \$100.00 Previous Occupant Moon ☐ Street or Alley Vacation/Dedication: \$500.00 ☐ Signage Plan Appeal: \$100.00 Attach detailed description of proposal. In order to be placed on the Plan Commission agenda, the Department of Development must receive a completed application, appropriate fees, a project description, 6 sets of scaled, folded and stapled plans (24" x 36") and 1 electronic copy (PDF format) of the plans by the last Friday of the month, prior to the month of the Plan Commission meeting. Attached Plans Include: (Application is incomplete without required plans, see handout for requirements) Site Plan Floor Plans □ Elevations Signage Plan Legal Description Certified Survey Map Landscaping/Screening Plan Grading Plan Utility System Plan Other Applicant or Agent Signature _____ Date: ____ Subscribed and sworn to me this _____ day of ______, 20 ______, Notary Public: My Commission:

Please make checks payable to: City Of West Allis

	Please do not write in this box						
Application Accepted and Authorized by:							
Date:							