

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

Applicant or Agent for Applicant

Name Wisconsin CVS Pharmacy LLC
Company CVS Pharmacy # 5076
Address ONE CVS DR, LICENSING / MD 23062A
City WOONSOCKET State RI Zip 02895
Daytime Phone Number 401-765-1500
E-mail Address Therese.Fiuette@cvscaremark.com
Fax Number 401-652-0616
Project Name/New Company Name (if applicable) N/A

Agent is Representing (Tenant/Owner)

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone Number _____
E-mail Address _____
Fax Number _____

Application Type and Fee

(Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

Agent Address will be used for all official correspondence.

Property Information

Property Address 7552 W. OKLAHOMA AVE, WEST ALLIS
Tax Key Number 515-0124-000 53219
Current Zoning L-3
Property Owner Campbellsport LLC / OMD PW, LLC
Property Owner's Address 1544 W. ALGONGUIN RD
HOFFMAN ESTATES, IL 60192
Existing Use of Property NEW CONSTRUCTION
Total Project Cost Estimate: _____
Previous Occupant _____

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other _____

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.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Applicant or Agent Signature

Linda M. Cimbron

Linda M. Cimbron
Assistant Secretary

Date: 1/30/12

Subscribed and sworn to me this

_____ day of _____, 20____

Notary Public: _____

My Commission: _____

**Please make checks payable to:
City Of West Allis**

Oper: GNRCDEV Check: 8439845
Date: 2/17/12 02 Recpt no: 14848
CHECK PAYMENTS \$500.00
Amount tendered \$500.00

PAY TO THE ORDER OF
TRI-CITY BANK
CITY OF WEST ALLIS #17107-250