



Planning Application

Project Name WA Community Childcare, LLC

Applicant or Agent for Applicant

Name Thomas Wachowiacz
Company WA Community Child Care, LLC.
Address 6682 W. Greenfield Ave. #105
City West Allis State WI Zip 53214
Daytime Phone Number (414) 510-2413
E-mail Address info@wacommunitychildcare.com
Fax Number (414) 877-5204

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 6330 W Greenfield, WI
Tax Key No. 439-0400-001
Aldermanic District _____
Current Zoning PDD-1
Property Owner Six Points East LLC
Property Owner's Address 8575 W Forest Home Ave #160
Greenfield, WI 53228
Existing Use of Property Vacant
Previous Occupant N/A

Total Project Cost Estimate \$500,000 +

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 08-28-19
Common Council Introduction 09-03-19
Common Council Public Hearing 09-03-19

Applicant or Agent Signature _____ Date 8/1/19

Property Owner Signature _____ Date 8.1.19



Oper: WALSDJ1 Type: OC Drawer: 1
Date: 8/06/19 01 Receipt no: 53271
GH DEV SPECIAL USE PERMIT \$500.00
1.00
WEST QUARTER WEST, LLC
60 DEV LVL 3 SITE-ARCH PLN R \$500.00
1.00
WEST QUARTER WEST, LLC
CK CHECK PAYMEN 1009 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 8/06/19 Time: 11:24:24