

Planning Application



Project Name STATE FAIR LIQUOR & FOOD, INC. (CLASSA)

Applicant or Agent for Applicant

Name PABING HOLDER
 Company State Fair Liquor & Food Inc
 Address 9127 W. LINCOLN AVE
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-324-1692
 E-mail Address _____
 Fax Number 414-282-9240

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 9127 W. LINCOLN AVE
 Tax Key No. 487-0091-000
 Aldermanic District 4
 Current Zoning C2-RB-2 (Prop.)
 Property Owner West Allis Investment LLC
 Property Owner's Address 9123 W Lincoln Ave
53227
 Existing Use of Property Liquor store
 Previous Occupant _____
 Total Project Cost Estimate _____

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 - if exterior building plans
 - 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 2/27/19
 Common Council Introduction 2/18/19
 Common Council Public Hearing 3/5/19

Applicant or Agent Signature [Signature] Date 1/25/19

Property Owner Signature [Signature] Date _____

to scale and with a legend for landscaping; show parking, property lines, etc.



User: WALSB7B1 Type: OC Drawer: 1
 Date: 1/25/19 01 Receipt no: 6023
 GH DEV SPECIAL USE PERMIT \$500.00
 1.00
 STATE FAIR LIQUOR
 CK CHECK PAYMEN 1033 \$500.00
 Total tendered \$500.00
 Total payment \$500.00
 Trans date: 1/25/19 Time: 15:20:56

Date: 1/25/19 01 Receipt no: 6024
 60 DEV LVL 3 SITE-ARCH PLN R
 SUPREME CELLULAR 1401 \$500.00
 1.00
 CK CHECK PAYMEN \$500.00
 Total tendered \$500.00
 Total payment \$500.00
 Trans date: 1/25/19 Time: 15:31:25