

# Planning Application



Project Name ALLEY VACATION

### Applicant or Agent for Applicant

Name PAUL & LISA QUESNELL  
 Company \_\_\_\_\_  
 Address 1616 S. 75th St.  
 City WEST ALLIS State WI Zip 53214  
 Daytime Phone Number 414-313-4536  
 E-mail Address LIZA Q 28@YAHOO.COM  
 Fax Number \_\_\_\_\_

### Agent is Representing (Tenant/Owner)

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

### Property Information

Property Address 1616 S. 75th ST.  
 Tax Key No. 453 0402 000  
 Aldermanic District 2  
 Current Zoning RB 2  
 Property Owner PAUL & LISA QUESNELL  
 Property Owner's Address 1616 S. 75th ST.  
WEST ALLIS WI. 53214  
 Existing Use of Property \_\_\_\_\_  
 Previous Occupant \_\_\_\_\_  
 Total Project Cost Estimate \$20,000

### 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 9/23/20  
 Common Council Introduction 10/6/20  
 Common Council Public Hearing 10/13/20

TOD

Applicant or Agent Signature [Signature] Date 8/27/20

Property Owner Signature [Signature] Date 8/27/20



Order: W0150701 Type: OC Drawee: 1  
Date: 8/31/20 01 Receipt no: 42167  
61 DEV STREET/ALLEY VACATION \$500.00  
1.00  
ORBIT TRADES & REPAIR 1044 \$500.00  
CK CHECK PAYMEN \$500.00  
Total tendered \$500.00  
Total payment \$500.00

Trans date: 8/31/20 Time: 14:40:57