

Planning Application



Project Name Blaze Pizza - Renovatoin

Applicant or Agent for Applicant

Name Daniel G Beyer
 Company Dan Beyer Architects LLC
 Address 225 E St Paul Ave, Suite 303
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-403-1025
 E-mail Address dan@danbeyerarchitects.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

Name Robert Schmidt III, President
 Company Rust Realty, Inc.
 Address 311 E Chicago, Suite 210
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-271-5385
 E-mail Address res@boulderventure.com
 Fax Number n/a

Property Information

Property Address 10730 W. National Ave
 Tax Key No. 519-9996-002
 Aldermanic District _____
 Current Zoning C-4
 Property Owner Rust Realty, Inc. Robert E Schmidt III
 Property Owner's Address 311 E. Chicago Street Suite 210, Milwaukee, WI 53202
 Existing Use of Property Retail
 Previous Occupant F&F Tires
 Total Project Cost Estimate \$360,000

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 1-24-18
 Common Council Introduction 1-12-18
 Common Council Public Hearing 2-6-18

Applicant or Agent Signature _____ Date 12-29-17

Property Owner Signature _____ Date 12-29-17



Oper: WALSUB1 Type: OC Pramt: 1
Date: 12/29/17 R# Receipt No: 000022
CH DEV SPECIAL USE PERMIT \$200.00
1.00
ROBERT E SCHMIDT III
60 DEV LVL 3 SITE-ARCH PLAN \$500.00
ROBERT E SCHMIDT III
OK CHECK PAYMEN 1022 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00

Trans date: 12/29/17 Time: 15:07:00