Planning Application



Project Name Di 2 2 lin a Scoty	WEST ALLIS		
Applicant or Agent for Applicant	Agent is Representing (Tenant/Owner)		
Name Tays Ruschnig	Name		
Company Pilleria Scotty	Company		
Address 9743 W. Maple	Address		
City west Allis State WI Zip 53214	CityStateZip		
Daytime Phone Number 919 102 6170	Daytime Phone Number		
E-mail Address Traus Auschnig @yahoo.com	E-mail Address		
Fax Number	Fax Number		
Property Information	Application Type and Fee (Check all that apply)		
Property Address 9022 U. Mahma Tax Key No. 517-9982-002	☐ Special Use: (Public Hearing Required) \$500		
Aldermanic District	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)		
Property Owner TOWN Puching			
Property Owner's Address 8743 w. MAPLE WEST AUG W 53214	Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)		
Existing Use of Property <u>Vacation office</u>	Site, Landscaping, Architectural Plan Amendment \$100		
Previous Occupant u	Extension of Time \$250		
Total Project Cost Estimate \$120,000.00	☐ Signage Plan Appeal \$100		
Total Project Cost Estimate (1) (1) (0) (0)	-		
	Request for Rezoning \$500 (Public Hearing Required) Existing Zoning: Proposed Zoning:		
In order to be placed on the Plan Commission	☐ Request for Ordinance Amendment \$500		
agenda, the Department of Development <u>MUST</u> receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.	Planned Development District \$1,500(Public Hearing Required)		
phor to the mortin of the Flan Commission meeting.	☐ Subdivision Plats \$1,700		
Completed Application	Certified Survey Map \$725		
☐ Corresponding Fees☐ Project Description	ルス □ Certified Survey Map Re-approval \$75		
☐ One (1) set of plans (24" x 36") - check all that apply	☐ Street or Alley Vacation/Dedication \$500		
☐ Site/Landscaping/Screening Plan☐ Floor Plans	☐ Transitional Use \$500 (Public Hearing Required)		
☐ Elevations	☐ Formal Zoning Verification \$200		
☐ Certified Survey Map	a Torridizorning Verification \$200		
☐ Other☐ One (1) electronic copy of plans			
☐ Total Project Cost Estimate	FOR OFFICE USE ONLY		
Please make checks payable to: City of West Allis	Plan Commission $\frac{11/38/18}{2000}$ Common Council Introduction $\frac{13/18'18'}{2000}$		
, , , , , , , , , , , , , , , , , , ,	Common Council Public Hearing		
Applicant or Agent Signature	Date		

City of West Allis | 7525 W. Greenfield Ave. | West Allis WI 53214



Property Owner Signature

Drawer: 1 10: 75609 MAP		\$38.88 \$725.88	\$725.00 \$725.00	13:36:22
Type: OC Receipt r IED SURVEY	1.00 MARKETING Y CERT SURVEY MAP	Allen,		19/18 Time: 1
Uper: WALSBIBI Date: 11/09/18 GL -1 CER	1.00 PUSCHNIG MGMT & MARKETING GL -2 CNTY CERT SUR!	PUSCHNIG MGMT & CK CHECK PAYMEN	ter Bay	Trans date: 11/09/18

Time: 13:36:22