

# Planning Application



Project Name WI Self Storage

### Applicant or Agent for Applicant

Name James B. O'Malley  
 Company WI Self Storage West Allis, LLC  
 Address 5715 South 108th Street  
 City Hales Corners State WI Zip 53130  
 Daytime Phone Number (414) 425-5700  
 E-mail Address jomalley@wiselfstorage.com  
 Fax Number (414) 425-5048

### Agent is Representing (Tenant/Owner)

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

11100 W. Cleveland Ave, West Allis, WI 53227

### Property Information

Property Address Lot 1, Lot 2 of CSM # 8616  
 Tax Key No. 484-9986-007 Part of  
 Aldermanic District #5  
 Current Zoning C-4  
 Property Owner WI Self Storage West Allis, LLC  
 Property Owner's Address 5715 South 108th Street  
Hales Corners, WI 53130  
 Existing Use of Property Vacant Land  
 Previous Occupant None

Total Project Cost Estimate 1,198,825

### 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: C-4 Proposed Zoning: M-1
- Request for Ordinance Amendment \$500
- Planned Development District \$1,500 (Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$600
- Certified Survey Map Re-approval \$50
- 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")
  - 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 6/24  
 Common Council Introduction 6/16  
 Common Council Public Hearing \_\_\_\_\_

Applicant or Agent Signature James B. O'Malley

Date 5/26/2015

Property Owner Signature James B. O'Malley

Date 5/26/2015



1.00 \$500.00  
 WI SELF STORAGE WA LLC  
 GO DEV LVL 3 SITE-ARCH PLN R \$500.00  
 1.00  
 WI SELF STORAGE WA LLC  
 GJ DEV REQUEST FOR REZONING \$500.00  
 WI SELF STORAGE WA LLC 1056 \$1500.00  
 CK CHECK PAYMEN \$1500.00  
 Total tendered \$1500.00

Total payment  
 Trans date: 6/02/15 Time: 15:03:05

Planning Application

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