

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
Lot 1

Property Information

Property Address 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 10/17/15 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



WI SELF STORAGE WA LLC 1.00 \$500.00
GO DEV LVL 3 SITE-ARCH PLN R \$500.00
WI SELF STORAGE WA LLC 1.00 \$500.00
GJ DEV REQUEST FOR REZONING \$500.00
WI SELF STORAGE WA LLC 1.00 \$1500.00
CK CHECK PAYMEN 1058 \$1500.00
Total tendered \$1500.00

Total payment

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