

Planning Application



Project Name _____

Applicant or Agent for Applicant

Name Joe LaSusa
 Company Corvina Wine Company
 Address 6038 W Lincoln Ave
 City West Allis State WI Zip 53219
 Daytime Phone Number 414-546-3407
 E-mail Address info@corvinawinecompany.com
 Fax Number 414-425-1496

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 6038 W Lincoln Ave
 Tax Key No. 475-0284-000
 Aldermanic District 1
 Current Zoning _____
 Property Owner _____
 Property Owner's Address _____
 Existing Use of Property _____
 Previous Occupant _____
 Total Project Cost Estimate \$ 25,000

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 \$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 July 27
 Common Council Introduction July 7
 Common Council Public Hearing August 4

Applicant or Agent Signature [Signature] Date 6-26-15

Property Owner Signature _____ Date _____



User: WALSBJB1 Type: OC Drawer: 1
Date: 7/10/15 01 Receipt no: 46545
GH DEV SPECIAL USE PERMIT 1.00 \$500.00
CORVINA WINE CO., INC.
GN DEV LVL 2 SITE- ARCH PLN 1.00 \$250.00
CORVINA WINE CO., INC.
CK CHECK PAYMEN 1615 \$750.00
Total tendered \$750.00
Total payment \$750.00
Trans date: 6/29/15 Time: 13:09:48