

Planning Application



Project Name Aspen Dental

Applicant or Agent for Applicant

Name Robert E. Schmidt III
 Company Boulder Venture
 Address 311 East Chicago Street, Suite 210
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414.271.1252
 E-mail Address res@boulderventure.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 10757 West Cleveland Avenue
 Tax Key No. 519-9996-0003
 Aldermanic District 5
 Current Zoning C-4
 Property Owner Rust Realty, Inc
 Property Owner's Address 311 East Chicago Street, Suite 210
Milwaukee, Wisconsin 53202
 Existing Use of Property to be Aspen Dental
 Previous Occupant N/A
 Total Project Cost Estimate _____

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 1.27.21
 Common Council Introduction _____
 Common Council Public Hearing 1.2.21

Applicant or Agent Signature _____ Date 1.5.2021

Property Owner Signature Robert E. Schmidt III President Date 1.5.2021



Oper: WALSH001 Type: DC Drawer: 1
Date: 1/11/21 01 Receipt no: 1991
BL -1 CERTIFIED SURVEY MAP \$695.00
1.00
BOULDER VENTURE CAPITAL
BL -2 CNTY CERT SURVEY MAP \$30.00
1.00
BOULDER VENTURE CAPITAL
CK CHECK PAYMEN 121 \$725.00
Total tendered \$725.00
Total payment \$725.00

Trans date: 1/11/21 Time: 9:47:08