Planning Application Form
City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214 414/302-8460 ■ 414/302-8401 (Fax) ■ http://www.ci.west-allis.wi.us

Applicant or Agent for Applicant	Agent is Representing (Tenant/Owner)
Name Tameeka Ross	Name Deloris West Phalt
company Leadership Literacy Technology	Company
Address 9243 W. Mational Ave	Address
City West Allis State WI Zip	City State Zip
Daytime Phone Number (4/4) 391-4383	Daytime Phone Number
taniante mas	ME-mail Address
Fax Number	Fax Number
Project Name/New Company Name (If applicable)  Project Name/New Company Name (If applicable)  Project Name/New Company Name (If applicable)	Application Type and Fee (Check all that apply)
Agent Address will be used for all offical correspondence.	Special Use: \$500.00 (Public Hearing Required)
Property Information	Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
Property Address 9243 W. National Ave.	Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
Tax Key Number	
Current Zoning	☐ Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
Property Owner The West phats	Site, Landscaping, Architectural Plan Amendments \$100.00
Property Owner's Address	Extension of Time: \$250.00
	☐ Signage Plan Review \$100.00
Existing Use of Property Business Office	☐ Signage Plan Appeal: \$100.00
Total Project Cost Estimate: 20,000	Request for Rezoning: \$500.00 (Public Hearing required)
Previous Occupant	Existing Zoning: Proposed Zoning:
Tronds desipant	Request for Ordinance Amendment \$500.00
	☐ Planned Development District \$1500.00(Public Hearing Required)
-	☐ Subdivision Plats: \$1700.00
	☐ Certified Survey Map: \$600.00
In order to be placed on the Plan Commission	☐ Certified Survey Map Re-approval: \$50.00
agenda, the Department of Development MUST receive the following by the last Friday of the month,	☐ Street or Alley Vacation/Dedication: \$500.00
prior to the month of the Plan Commission meeting.	☐ Transitional Use \$500.00 (Public Hearing Required)
(Check boxes next to each listed item):	Translation of the control of the realist ( and realist)
Completed Application	Attached Plans Include: (Application is incomplete without require plans, see handout for requirements)
Appropriate Fees	Site/Landscaping/Screening Plan
Project Description	Floor Plans
6 Sets of folded and stapled plans (24" x 36")	Elevations
1 Electronic copy of plans (PDF format)	Signage Plan
Total Project Cost Estimate	Certified Survey Map
	Other
Applicant or Agent Signature Samelha	ROD Date: 10/24/12
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Subscribed and sworn to me this	
Subscribed and sworn to me this, 20,	
	Please make checks payable to: City Of West Allis

Oper: 648CDEV Type: 0C Drawer: 1 1039 \$600.00 fotal payment \$1039 \$600.00 fotal tendered \$1039 \$600.00 fotal tendered \$1039 \$600.00 fotal tendered \$100.00 fotal

[rans date: 10/30/12