

Planning Application



Project Name HORSE SHOE PITS

Applicant or Agent for Applicant

Name John Roots
 Company NATTY OAKS
 Address 11505 W National AVE
 City West Allis State WI Zip 53227
 Daytime Phone Number 414 543 2255
 E-mail Address NattyOaks@gmail.com
 Fax Number N/A

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 11505 W National AVE
 Tax Key No. 520-9974-001 / 520-1008-000
 Aldermanic District _____
 Current Zoning _____
 Property Owner BLUE LLC
 Property Owner's Address 14560 W FAIRFIELD CT
NEW Berlin WI 53151
 Existing Use of Property _____
 Previous Occupant _____
 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 April 25
 Common Council Introduction April 17
 Common Council Public Hearing May 2

Applicant or Agent Signature _____

Date _____

Property Owner Signature _____

Date _____



City of West Allis
 Department of Development
MAR 30 2018
 RECEIVED

SPECIAL USE PERMIT
 1.00 \$500.1
 GALHORN BRQ INC LVL 1 SITE-ARCH PLN R
 1.00 \$100.
 TOTAL TENDERED 3773 \$6000
 TOTAL PAYMENT \$6000
 Trans date: 3/30/10 Time: 16:25