

Planning Application



Project Name alcohol beverage sales at gas station
CLASS A sales

Applicant or Agent for Applicant

Name Satwinder Singh
 Company Spzzyng West L.L.C. DBA Pantay #103
 Address 10537 W Greenfield Ave
 City West Allis State Wis Zip 53214
 Daytime Phone Number 414-258-8125
 E-mail Address samkalsi@yahoo.com
 Fax Number 20 414-258-8125

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 10537 W Greenfield Ave West Allis
 Tax Key No. _____
 Aldermanic District _____
 Current Zoning _____
 Property Owner AJIT SINGH WALIA
 Property Owner's Address 4725 N. 159th St. Brookfield Wis 53005
 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 - email
- 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 6/26/19
 Common Council Introduction 7/16/19
 Common Council Public Hearing 7/16/19

Applicant or Agent Signature Satwinder Singh Date 06/11/19

Property Owner Signature Ajit Singh Walia Date 06/11/19



Oper: WALSBYB1 Type: OC Drawer: 1
Date: 6/18/19 01 Receipt no: 41603
OH DEV SPECIAL USE PERMIT \$500.00
1.00
SPRING WEST LLC
CK CHECK PAYMEN 2794 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 6/18/19 Time: 9:42:16