

Planning Application



Project Name Allis Yards Event Space

Applicant or Agent for Applicant

Name Bill Conine
 Company Perspective Design, Inc.
 Address 11525 West North Avenue
 City Wauwatosa State WI Zip 53226
 Daytime Phone Number 414-302-1780, ext 201
 E-mail Address bconine@pdi-arch.com
 Fax Number 414-302-1781

Agent is Representing (Tenant/Owner)

Name Scott Yauck
 Company West Quarter West, LLC c/o Cobalt Partners, LLC
 Address 207 North Milwaukee Street
 City Milwaukee State WI Zip 53202
 Daytime Phone Number 414-271-5000
 E-mail Address syauck@cobaltpartnersllc.com
 Fax Number _____

Property Information

Property Address 1139 South 70th Street
 Tax Key No. 4400257002
 Aldermanic District Ward 6, District 2
 Current Zoning C-3
 Property Owner West Quarter West, LLC
 Property Owner's Address 207 North Milwaukee Street
Milwaukee, WI 53202
 Existing Use of Property vacant
 Previous Occupant Lakeland College
 Total Project Cost Estimate \$1,448,500

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 02-26-20
 Common Council Introduction 03-03-20
 Common Council Public Hearing 03-03-20

Applicant or Agent Signature _____ Date _____

Property Owner Signature _____ Date 1/29/2020



Oper: WALSBUR1 Type: OC Drawer: 1
Date: 1/29/20 01 Receipt no: 6449
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
WEST QUARTER WEST, LLC
CK CHECK PAYMEN 1068 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 1/29/20 Time: 16:07:41

GSOS/AS/1