Planning Application Form

2012-0422

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 StorT WOECKENER	Name SCOTT WORCKENER
COMPANY CIPLIET MULTI MEDIA TECH	Company CIPCIFT MULTI MEDIA TECH
Address 8532 W. NATIONAL AVE	Address 8544 W. IV A TIONAL AVE
City WESTALLIS State WIZip 53227	City WEST ALLIS State WI Zip 53227
Daytime Phone Number 414 543 0934	Daytime Phone Number 47 4-380-9696
E-mail Address SCOTTO UPLIFT MULTIMEDIA.	E-mail Address SCOTT @ CIPLIFT MULTI MEDIA- CRE
Fax Number OR	
Project Name/New Company Name (If applicable)	Application Type and Fee
TRAINING FACILITY	(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 8532 W. NATIONAL AVE	Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
Tax Key Number	Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
Property Owner BORNHARD SCHREIB	Site, Landscaping, Architectural Plan Amendments \$100.00
Property Owner's Address P.O. BOX 510283	Extension of Time: \$250.00
NEW BORLIN WI 53151	☐ Signage Plan Review \$100.00
Existing Use of Property CHURCH	☐ Signage Plan Appeal: \$100.00
Total Project Cost Estimate:	Request for Rezoning: \$500.00 (Public Hearing required)
Previous Occupant	Existing Zoning: Proposed Zoning:
Frevious Occupant	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 agenda, the Department of Development MUST	☐ Certified Survey Map Re-approval: \$50.00
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):	
☑ Completed Application	Attached Plans Include: (Application is incomplete without required 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	Date: 3/13/2012
Subscribed and sworn to me this	
day of, 20	
Notice Building	Please make checks payable to:
Notary Public:	City Of West Allis

My Commission:

5015-0455

Uper: GNRCDEV Type: OC Drawer: 1 Date: 8/09/12 01 Receipt no: 71593 GH DEV SPECIAL U 1 UM\_LIFT MULTI MEDIA TECH \$500.00 UK\_LIFT MULTI MEDIA TECH \$500.00 Total tendered \$500.00 fotal payment \$500.00

Trans date: 7/23/12 Time: 16:20:03