

# Planning Application



Project Name Brainiac's Academy LLC

## Applicant or Agent for Applicant

Name Siabrian Turner Sr  
 Company Brainiac's Academy LLC  
 Address 2321 N Leoth Street  
 City Wauwatosa State WI Zip 53210  
 Daytime Phone Number 414-333-8666  
 E-mail Address SiabrianT@yahoo.com  
 Fax Number \_\_\_\_\_

## Agent is Representing (Tenant/Owner)

Name Keith Washington  
 Company ADVANCE TO BOARDWALK, LLC  
 Address 5900 W NATIONAL AVE  
 City West Allis State WI Zip 53214  
 Daytime Phone Number 414-218-9206  
 E-mail Address Keith@BOARDWALKREALTYMKTG.COM  
 Fax Number 466-264-5080

## Property Information

Property Address 5806 W National Ave.  
 Tax Key No. 438-0298-000  
 Aldermanic District 1  
 Current Zoning C-3 RB2  
 Property Owner ADVANCE TO BOARDWALK, LLC  
 Property Owner's Address 5900 W. NATIONAL AVE  
WEST ALLIS, WI 53214  
 Existing Use of Property PLA  
 Previous Occupant Church  
 Total Project Cost Estimate \$ 600.00

## 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 4/23/20  
 Common Council Introduction 5/19/20  
 Common Council Public Hearing 5/19/20

Applicant or Agent Signature [Signature] Date 2/28/20

Property Owner Signature [Signature] Date 2/28/20



User: WALSHJBI Type: OC Drawer: 1  
Date: 2/28/20 02 Receipt no: 13809  
OH DEV SPECIAL USE PERMIT \$500.00  
1.00  
EDUCATOR CREDIT UNION  
GN DEV LVL 1 SITE-ARCH PLN R \$100.00  
1.00  
EDUCATOR CREDIT UNION  
CK CHECK PAYMEN 3231123 \$600.00  
Total tendered \$600.00  
Total payment \$600.00

Trans date: 2/28/20 Time: 16:41:51