Planning Application



Project Name OUR ANGELS CHILD CARE

Applicant or Agent for Applicant		Agent is Representing (Tenant/Owner)	
Name DOUGLAS A. GALLUS	Nar	Name OLENA DELAROSA	
Company GALLUS ARCHITECTS		mpany OUR ANGELS	
Address 214 N, 76 TH STREET	7	dress 4520 N. 110 TH STREET	
City MIL WAUKGE State W/ Zip 53213	1.7	MICWAUKEE State W/ Zip 53223	
Daytime Phone Number 414 - 259 - 9555 E-mail Address DGALLILG @ SBCGLOBAL		dil Address DONVIER 18 C GMNL, COM	
Fax Number 4/4 - 259 - 9555		Number	
Property Information		Application Type and Fee (Check all that apply)	
Property Address 8303 W. BECHER S	T. V	Special Use: (Public Hearing Required) \$500	
Tax Key No. 477-0499-000		Level 1: Site, Landscaping, Architectural Plan Review \$100	
Aldermanic District 4 Current Zoning C-2 NEIGHBDRHOOD COMMER		(Project Cost \$0-\$1,999)	
Property Owner's Address 13540 W. EDGE WOOD		Level 2: Site, Landscaping, Architectural Plan Review \$250 (Project Cost \$2,000-\$4,999)	
NEW BERLIN, WI 53/51		Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)	
Existing Use of Property STORE & APTS. Previous Occupant ROBS COINS		Site, Landscaping, Architectural Plan Amendment \$100	
1 consists decoparit		Extension of Time \$250	
otal Project Cost Estimate 🦸 🔘		Signage Plan Appeal \$100	
211 222		Request for Rezoning \$500 (Public Hearing Required) Existing Zoning: Proposed Zoning:	
In order to be placed on the Plan Commission		Request for Ordinance Amendment \$500	
receive the following by the last Friday of the month,		Planned Development District \$1,500 (Public Hearing Required)	
prior to the month of the Plan Commission meeting.		Subdivision Plats \$1,700	
Completed Application		Certified Survey Map \$600	
 □ Corresponding Fees □ Project Description 		Certified Survey Map Re-approval \$50	
 □ One (1) set of plans (24" x 36") □ Site/Landscaping/Screening Plan 		itreet or Alley Vacation/Dedication \$500	
 □ Sife/Landscaping/Screening Plan □ Floor Plans 		ransitional Use \$500 (Public Hearing Required)	
☐ Elevations☐ Certified Survey Map☐ Other	o F	formal Zoning Verification \$200	
☐ One (1) electronic copy of plans			
□ Total Project Cost Estimate	FOR C	OFFICE USE ONLY	
Please make checks payable to: City of West Allis		Plan Commission 7/7/15 Common Council Introduction 7/7/15	
		Common Council Public Hearing 8/4/15	
operty Owner Signature Date Signatur			
ENANT City of Wort Allis 7525 W. Croopfield Avg. Wort Allis William Wort Allis Wort Al			

City of West Allis | 7525 W. Greenfield Ave. | West Allis, WI 53214

(414) 30248430 | (414) 302-8401 (Fax) | www.westalliswi.gov/planning

Sulv 22 PC.
Aug 4 ca meeting

CITY OF WEST ALLIS

*** CUSTOMER RECEIPT ***

Oper: WALSBJB1 Type: OC Drawer: 1
Date: 7/15/15 01 Receipt no: 46983

Description Quantity Amount
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
Trans number: 1744157
G/L account number:
1000804420107
LANDMARK CREDIT UNION
GM DEV LVL 1 SITE-ARCH PLN R
1.00 \$100.00
Trans number: 1744158
G/L account number:
10008094420105
LANDMARK CREDIT UNION

Tender detail
CK CHECK PAYMEN 679240 \$680.00
Total tendered \$600.00
Total payment \$600.00

Trans date: 7/01/15 Time: 19:18:52

*** THANK YOU FOR YOUR PAYMENT ***

OUR ANGLES CHILD CARE

8303 W. Becher Street West Allis, WI 53219

Project Description

Occupy area of First Floor, previously occupied as a mercantile store, for a child daycare facility. Hours of operation shall be Monday through Friday from 6:00 AM to 9:00 PM. Capacity shall be 15 children, ages four weeks through 12 years, including eight infants. Personnel staff will be 3 adults. Outdoor play area adjacent to building with 4-foot high chain link fence enclosure. Off street parking provided for employees. Drop-off and pickup area will be on Becher Street in front of building. No construction work is proposed. Occupancy classification is to be E-educational.



Play Area & Parking @ Becher St.



North-West View @ Becher St.



North-East View @ Becher St.

