

Planning Application



Project Name Bright Minds Family Child Care, LLC

Applicant or Agent for Applicant

Agent is Representing (Tenant/Owner)

Name Tawana Watkins
 Company Bright Minds Family Child Care
 Address 2177 N. Hi Mountain Blvd
 City Milwaukee State WI Zip 53208
 Daytime Phone Number 414-731-3301
 E-mail Address brightmindsfcc@gmail
 Fax Number _____

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

Property Information

Application Type and Fee

(Check all that apply)

Property Address 8802 W Becker w. Allis
 Tax Key No. 478-0072-001
 Aldermanic District 4th
 Current Zoning C2 Commercial
 Property Owner Melanie San Filippo
 Property Owner's Address 6681 W Caberton Ave
Greendale WI 53129
 Existing Use of Property VACANT
 Previous Occupant Therapeutic Physical Therapy
 Total Project Cost Estimate \$15,000 to \$25,000

- Special Use: (Public Hearing Required) \$500 GH
- 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 GP
- 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 \$600
- Certified Survey Map Re-approval \$50
- 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")
 - 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 6/22/16
 Common Council Introduction 7/5/16
 Common Council Public Hearing 7/5/16

Applicant or Agent Signature _____ Date 5/27/2016

Property Owner Signature Meladea Felip Date 5-27-16



Date: 5/16/16 01 Receipt no: 41933
 OH DEV SPECIAL USE PERMIT 1.00 \$500.00
 BRIGHT MINDS FAMILY CHILD 1.00 \$100.00
 OP DEV SITE/LAND/ARCH AMEND 1.00 \$100.00
 BRIGHT MINDS FAMILY CHILD 1533 \$600.00
 CK CHECK PAYMEN 1533 \$600.00
 Total tendered \$600.00
 Total payment \$600.00

Trans date: 5/27/16 Time: 16:50:31