

Planning Application



Project Name WA Community Child Care, LLC

Applicant or Agent for Applicant

Name Thomas Wachowiak z
 Company WA Community Child Care, LLC
 Address 6682 W. Greenfield Ave, #105
 City West Allis State WI Zip 53214
 Daytime Phone Number (414) 510-2413
 E-mail Address twachowiakz@yahoo.com
 Fax Number n/a

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 6682 W. Greenfield Ave, #105
 Tax Key No. 439-0001-031
 Aldermanic District #1
 Current Zoning M-1, PDD-2
 Property Owner Whitnall Summit Co, LLC
 Property Owner's Address 6737 W. Washington St, #221
West Allis, WI 53214
 Existing Use of Property Child Care
 Previous Occupant SDC- Head Start
 Total Project Cost Estimate 0

Application Type and Fee

(Check all that apply)

- Special Use: \$500 (Public Hearing Required)
- 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 \$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 6/25
 Common Council Introduction 6/17
 Common Council Public Hearing 7/2

Applicant or Agent Signature [Signature] Date 5/27/14

