

Planning Application Form

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 DAVE BURGESS
 Company BURGESS CAR + TRUCK
 Address 2440 W CLYBOURN ST
 City MILWAUKEE State WI Zip 53233
 Daytime Phone Number 931-9300
 E-mail Address DVBURGESS@ATT.NET
 Fax Number 931-8044
 Project Name/New Company Name (if applicable) _____
BURGESS

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

Application Type and Fee

(Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
- Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

Agent Address will be used for all official correspondence.

Property Information

Property Address 9018 W CONRAD LA
 Tax Key Number 417-0006-002
 Current Zoning M-1
 Property Owner L & R Par Furniture
 Property Owner's Address 9018 W CONRAD LA
 Existing Use of Property SHEET METAL SHOP
 Total Project Cost Estimate: LEASE
 Previous Occupant ILLINGWORTH

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other _____

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.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Applicant or Agent Signature _____

David Burgess

Date: 5-8-12

Subscribed and sworn to me this

_____ day of _____, 20____

Notary Public: _____

Commission: _____

**Please make checks payable to:
City Of West Allis**

Oper: GNRCDV Type: DC Drawer: 1
Date: 5/23/12 01 Receipt no: 52081
OH DEV SPECIAL U 1 \$500.00
BURRESS SNOW AND ICE CONT
BP DEV SITE/LAND 1 \$100.00
BURRESS SNOW AND ICE CON
LK CHECK PA 3061 \$600.00
Total tendered \$600.00
Total payment \$600.00
Trans date: 5/22/12 Time: 14:52:52

My Comm