

Planning Application



Project Name Ethiopian Coffee Shop

Applicant or Agent for Applicant

Name Shaun Sullivan
Company Envision Design Architects
Address 8839 W Hawthorne Ave
City Wauwatosa State WI Zip 53226
Daytime Phone Number 262-327-4338
E-mail Address envision3design@gmail.com

Agent is Representing (Tenant/Owner)

Name Thomas & Amina Bell
Company _____
Address 3018 N 55th Street
City Milwaukee State WI Zip 53210
Daytime Phone Number _____
E-mail Address ljbell99xx@gmail.com

Property Information

Property Address 7629 W Greenfield Ave
Tax Key No. 4520026000
Aldermanic District Unknown
Current Zoning Commercial
Property Owner Audi Properties LLC
Property Owner's Address 14975 W Glenora Ave
New Berlin, WI 53151
Existing Use of Property Business
Previous Occupant Book Store
Total Project Cost Estimate \$20,000

Application Type and Fee (Check all that apply)

- Special Use: (Public Hearing Required) \$525 (GH)
- Level 1: Site, Landscaping, Architectural Plan Review \$125 (GM)
(Project Cost \$0-\$1,999)
- Level 2: Site, Landscaping, Architectural Plan Review \$275 (GN)
(Project Cost \$2,000-\$4,999)
- Level 3: Site, Landscaping, Architectural Plan Review \$525 (GO)
(Project Cost \$5,000+)
- Site, Landscaping, Architectural Plan Amendment \$125 (GP)
- Extension of Time \$275 (GT)
- Master Sign Program Review \$125 (GR)
- Sign Plan Appeal \$125 (GS)
- Request for Rezoning \$600 (Public Hearing Required) (GJ)
Existing Zoning: _____ Proposed Zoning: _____
- Planned Development District \$1,525 (Public Hearing Required) (GK)
- Subdivision Plats \$1,700 (GO)
- Certified Survey Map \$750 (GL)
- Certified Survey Map Re-approval \$75 (GY)
- Street or Alley Vacation/Dedication \$525 (GI)
- Formal Zoning Verification \$225 (B9)

In order to be placed on the Plan Commission agenda, Planning & Zoning **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
- Set of plans (electronic) - check all that apply
 - Site/Landscaping/Screening Plan
 - Floor Plans
 - Elevations
 - Certified Survey Map
 - Other

Items shall be emailed to Planning@westalliswi.gov
Please make checks payable to: City of West Allis

FOR OFFICE USE ONLY

Application Received _____
Plan Commission 1-26-22
Publication Date _____
Common Council Introduction _____
Common Council Public Hearing 2-17-22

Applicant or Agent Signature Shaun Sullivan Date 12.29.21

Property Owner Signature [Signature] Date 12-29-21



CITY OF WEST ALLIS

*** CUSTOMER RECEIPT ***

Oper: WALSKLK Type: OC Drawer: 1
Date: 12/29/21 01 Receipt no: 78893

Description	Quantity	Amount
GH	DEV SPECIAL USE PERMIT	
	1.00	\$525.00

Trans number: 2492361
G/L account number:

10000004420107
7629 W GREENFIELD AVE
GO DEV LVL 3 SITE-ARCH PLN R
1.00 \$525.00

Trans number: 2492362
G/L account number:

10000004420105
7629 W GREENFIELD AVE

Tender detail
CK CHECK PAYMEN 2006970370 \$1050.00
Total tendered \$1050.00
Total payment \$1050.00

Trans date: 12/29/21 Time: 15:17:11

*** THANK YOU FOR YOUR PAYMENT ***