Planning Application

Project Name: Coast Car Wash

Applicant or Agent for Applicant

Name: Mike Klumb
Company: Coast Car Wash, LLC
Address: S15 W22095 Woods View Court
City: Waukesha State: WI Zip: 53186
Daytime Phone Number: 262-613-5566
E-mail Address: mike@ksenergyservices.com
Fax Number:

Agent is Representing (Tenant/Owner)

Name: David Hochberg
Company: AMF BOWLING CENTERS, INC.
Address: 222 West 44th Street 4th Floor
City: New York State: NY Zip: 10036
Daytime Phone Number:
E-mail Address: DHochberg@Bowlmor-AMF.com
Fax Number:

Property Information

Property Address: 10901 W. Lapham Street
Tax Key No.: 4489979004
Aldermanic District: WARD 22
Current Zoning: C-3
Property Owner: AMF BOWLING CENTERS, INC.
Property Owner's Address: 222 West 44th Street 4th Floor
New York ,NY 10036
Existing Use of Property: Vacant Bowling Alley
Previous Occupant: AMF Bowling Center

Total Project Cost Estimate: $4,000,000

Application Type and Fee

(Check all that apply)

- ☑ Special Use: (Public Hearing Required) $500
- ☐ 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 $725
- ☐ Certified Survey Map Re-approval $75
- ☐ 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") - check all that apply
  - ☑ 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: March 28
Common Council Introduction: March 6
Common Council Public Hearing: April 3

Applicant or Agent Signature: _____ Date: 2-26-18

Property Owner Signature: _____ Date: _____

City of West Allis | 7525 W. Greenfield Ave. | West Allis, WI 53214
(414) 302-8460 | (414) 302-8401 (Fax) | www.westalliswi.gov/planning

Oper: WALSBJBI Type: OC Drawer: 1
Date: 3/01/18 01 Receipt no: 13985
GH DEV SPECIAL USE PERMIT
1.00 $500.00
COAST CAR WASH, LLC
GO DEV LVL 3 SITE-ARCH PLN R
1.00 $500.00
COAST CAR WASH, LLC
GL -1 CERTIFIED SURVEY MAP
1.00 $695.00
COAST CAR WASH, LLC
GL -2 CNTY CERT SURVEY MAP
1.00 $30.00
COAST CAR WASH, LLC
CK CHECK PAYMEN 1107 $1725.00
Total tendered $1725.00
Total payment $1725.00

Trans date: 2/20/18 Time: 12:31:47