

Planning Application



Project Name 6036 W. Beloit Road

Applicant or Agent for Applicant

Name Steven Ignasiak
 Company RSR Services LLC
 Address 1912 W. Pierce St.
 City Milwaukee State WI Zip 53207
 Daytime Phone Number 414-406-9800
 E-mail Address steveignasiak@yahoo.com
 Fax Number _____

Agent is Representing (Tenant/Owner)

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

Property Information

Property Address 6036 W. Beloit Road
 Tax Key No. 475-0034-004
 Aldermanic District _____
 Current Zoning M-1
 Property Owner Steven Ignasiak
 Property Owner's Address 27515 W. Durand Ave.
Burlington, WI 53105
 Existing Use of Property Truck Depot
 Previous Occupant _____

Total Project Cost Estimate \$100,000

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 5/23/18
 Common Council Introduction _____
 Common Council Public Hearing _____

Applicant or Agent Signature _____ Date _____

Property Owner Signature [Signature] Date _____



Oper: WMLSDIBI Type: OC Drawer: 1
Date: 4/27/18 01 Receipt no: 28676
GH DEV SPECIAL USE PERMIT

1.00 \$500.00

RSR SERVICES
60 DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00

RSR SERVICES

CK CHECK PAYMEN 19156 \$1000.00

Total tendered \$1000.00

Total payment \$1000.00

Trans date: 4/27/18 Time: 12:11:27