## **Planning Application**



Project Name	_
Applicant or Agent for Applicant Name PAUR MANTYL-	Agent is Representing (Tenant/Owner)
Name_/AU2 /U1/1/1/1/ Company	Name
Address 1447 S. 86 TH ST	CompanyAddress
City NEST ALUS State Jali. Zip 53210	7 City State Zip
City LATESTALLIS State VIII. Zip 53216  Daytime Phone Number 414 - 861 - 2253	Daytime Phone Number
E-mail Address	E-mail Address
Fax Number 414 - 475 - 6893	Fax Number
Property Information	Application Type and Fee (Check all that apply)
Property Address 1567 S. 8370 ST. Tax Key No. 452-0429-000	☐ Special Use: (Public Hearing Required) \$500
Aldermanic District  Current Zoning	☐ Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999)
Property Owner PAUL MANTYH	<ul> <li>Level 2: Site, Landscaping, Architectural Plan Review \$250 (Project Cost \$2,000-\$4,999)</li> </ul>
Property Owner's Address 1447 5. 86 7457.	Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)
Existing Use of Property	☐ Site, Landscaping, Architectural Plan Amendment \$100
Previous Occupant	☐ Extension of Time \$250
Total Project Cost Estimate	☐ Signage Plan Appeal \$100
	☐ Request for Rezoning \$500 (Public Hearing Required) Existing Zoning: Proposed Zoning:
In order to be placed on the Plan Commission	☐ Request for Ordinance Amendment \$500
agenda, the Department of Development <u>MUST</u> receive the following by the last Friday of the month,	☐ Planned Development District \$1,500 (Public Hearing Required)
prior to the month of the Plan Commission meeting.	☐ Subdivision Plats \$1,700
Completed Application	Certified Survey Map \$725
☐ Corresponding Fees ☐ Project Description	Certified Survey Map Re-approval \$75
☐ One (1) set of plans (24" x 36") - check all that apply	Street or Alley Vacation/Dedication \$500
☐ Site/Landscaping/Screening Plan☐ Floor Plans	☐ Transitional Use \$500 (Public Hearing Required)
☐ Elevations	☐ Formal Zoning Verification \$200
☐ Certified Survey Map ☐ Other	- 1 Similar 23 millig + Similar of 1 4250
☐ One (1) electronic copy of plans	
☐ Total Project Cost Estimate	FOR OFFICE USE ONLY
Please make checks payable to:	Plan Commission
City of West Allis	Common Council Introduction
	Common Council Public Hearing 5+0 Suly 17,701
Applicant or Agent Signature	Date 5/21/18
Property Owner Signature /allang	Date <u>\$ /21 / 18</u>
City of West Allis   7525 W. Greenfield Ave.   West Allis, WI 53214 (414) 302-8460   (414) 302-8401 (Fax)   www.westalliswi.gov/planning	

 Oper: WALSBJB1 Date: 5/31/18 01 Receipt no: 35792
 Type: OC Drawer: 1 Receipt no: 35792

 GL -1 CERTIFIED SURVEY MAP FAUL R MANTYH 1.00
 \$695.00

 GL -2 CNTY CERT SURVEY MAP FAUL R MANTYH 1.00
 \$30.00

 CK CHECK PAYMEN Total tendered Total payment
 \$725.00

 Trans date: 5/29/18
 Time: 16:10:24