

Planning Application



Project Name Parking Lot 9422-30 National Ave.

Applicant or Agent for Applicant

Name Neela Siva
Company _____
Address 13500 Watertown Plank Rd. #102
City Elm Grove State WI Zip 53122
Daytime Phone Number 262-844-3377
E-mail Address neelarn@hotmail.com
Fax Number 414-257-1510

Agent is Representing (Tenant/Owner)

Name Attorney John F. Fuchs
Company Fuchs + Boyle, S.C.
Address 13500 Watertown Plank Rd. #10
City Elm Grove State WI Zip 53122
Daytime Phone Number 414-257-1800
E-mail Address fuchs@edblaw.com
Fax Number 414-257-1510

Property Information

Property Address 9422-30 W. National Ave.
Tax Key No. 479-0674-003
Aldermanic District 4
Current Zoning Commercial
Property Owner John + Sandra HROYATIN
Property Owner's Address 14700 W PARK AVENUE
NEW BEECH, WI 53151
Existing Use of Property Abandoned office Bldg
Previous Occupant unknown (8 yrs. ago)
Total Project Cost Estimate \$119,500

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 1-23-19
Common Council Introduction 1-15-19
Common Council Public Hearing 2-5-19

Applicant or Agent Signature

Date 11/14/2018

Property Owner Signature

Date 11-19-2018



Order: WALSBIB1 Type: OC Drawer: 1
Date: 1/09/19 01 Receipt no: 1959
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
PURE VENTURES LLC
CK CHECK PAYMEN 1209 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 1/09/19 Time: 13:43:59

Order: WALSBIB1 Type: OC Drawer: 1
Date: 1/09/19 01 Receipt no: 1964
60 DEV LVL 3 SITE-ARCH PLN R
1.00 \$500.00
PURE VENTURES LLC
CK CHECK PAYMEN 1211 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 1/09/19 Time: 13:40:03