

Planning Application



Project Name Uniko

Applicant or Agent for Applicant

Name JONATHAN DE LEON
 Company _____
 Address 8835 S. OAK PARK DR #9
 City OAK CREEK State WI Zip 53154
 Daytime Phone Number 414-426-5234
 E-mail Address Unikomke@gmail.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 1900 S. 60th St, WEST ALLIS, WI
 - Tax Key No. 455-0023-000
 Aldermanic District FIRST DISTRICT
 - Current Zoning Mixed USE
 Property Owner MARIO MORGESE
 Property Owner's Address 585 W 22990
SILVER CREST DR Big Bend WI 53103
 Existing Use of Property THURNU
 Previous Occupant _____

Total Project Cost Estimate _____

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 1/23/2019
 Common Council Introduction 1/25/2019
 Common Council Public Hearing 2/15/2019

Applicant or Agent Signature _____ Date 11/13/2018

Property Owner Signature _____ Date 11/13/2018

Tentatively scheduled for liquor license
license & health

Nov. 27

Dec. 4



Oper: WALSBJB1 Type: OC Drawer: 1
Date: 11/20/18 01 Receipt no: 78828
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
GH DEV LVL 1 SITE-ARCH PLN R
1.00 \$100.00
CA CASH PAYMENT \$600.00
Total tendered \$600.00
Total payment \$600.00

Trans date: 11/20/18 Time: 8:42:31