Planning Application



Project Name Columbias Clas of Was + Allis

Applicant or Agent for Applicant		Agent is Representing (Tenant/Owner)	
Name Gerald & Folk	No	Name	
Company Columbus Club at Word Allis		Company	
		Address	
Address 24755 Grzy log Lu City New Barlin State WI Zip 53151		CityStateZip	
Daytime Phone Number 262-782-6 575	Do	Daytime Phone Number	
E-mail Address 95alk 2 EaH: net	E-r	E-mail Address	
Fax Number	Fa	x Number	
Property Information		Application Type and Fee (Check all that apply)	
Property Address 7633 W Belo, 4 Road	×	Special Use: (Public Hearing Required) \$500	
Tax Key No. 515-0046 000			
Aldermanic District		Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999)	
Property Owner Westwood Roalty West All	3 [□]	Level 2: Site, Landscaping, Architectural Plan Review \$250 (Project Cost \$2,000-\$4,999)	
Property Owner's Address 76 41 W. Beloit Road West Allis 53219		Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)	
existing Use of Property Vacant Rolan Space		Site, Landscaping, Architectural Plan Amendment \$100	
Previous Occupant Breco Town Trading Co-		Extension of Time \$250	
Total Project Cost Estimate		Signage Plan Appeal \$100	
oran roject cost Estimate		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		Transitional Use \$500 (Public Hearing Required)	
☐ Floor Plans ☐ Elevations		Formal Zoning Verification \$200	
□ Certified Survey Map		Tormar zoriing Yerincahori 4200	
Other			
☐ One (1) electronic copy of plans ☐ Total Project Cost Estimate	FOI	R OFFICE USE ONLY	
		Plan Commission $3/27/19$	
Please make checks payable to: City of West Allis		Common Council Introduction 3/19/19 Common Council Public Hearing 4/1/19	

Applicant or Agent Signature Dusly Fitally

Date 2/26//

Property Owner Signature ______

Date 2-27-19

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