

Planning Application



Project Name Cleveland Auto

Applicant or Agent for Applicant

Name Kevin Nugent
 Company Cleveland Auto
 Address 8440 W Cleveland Ave
 City West Allis State WI Zip 53227
 Daytime Phone Number 414-327-7044
 E-mail Address knugent@execpc.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 8440 W Cleveland Ave
 Tax Key No. 487-0254-002
 Aldermanic District 5
 Current Zoning _____
 Property Owner Kevin Nugent
 Property Owner's Address 3441 S Strathmann Ave
Greenfield, WI 53219
 Existing Use of Property Auto Repair/Service
 Previous Occupant S & F Auto
 Total Project Cost Estimate \$3,500.00

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 3/25/20
 Common Council Introduction 4/22/20
 Common Council Public Hearing 4/22/20

Applicant or Agent Signature _____ Date _____

Property Owner Signature _____ Date _____



Oper: WALSB1 Type: OC Drawer: 1
Date: 2/24/20 01 Receipt no: 12362
GH DEV SPECIAL USE PERMIT
1.00 \$500.00
SHOOTERS SHOT, INC
GP DEV SITE/LAND/ARCH AMEND
1.00 \$100.00
SHOOTERS SHOT, INC
CK CHECK PAYMEN 7888 \$600.00
Total tendered \$600.00
Total payment \$600.00

Trans date: 2/24/20 Time: 9:27:29