Planning Application



| | 57. 1947 | | |
|--|---|--|--|
| Project Name 54BWay | | | |
| Applicant or Agent for Applicant | Agent is Representing (Tenant/Owner) | | |
| Name Bhypendra Patel | Name Pames PSOPESTICS (RICK) | | |
| Company SUBWAY | Company Art Regity | | |
| Address <u>4556535thst AP</u> 101 | Address 31500 IVOCTHWCSTTIN MMY | | |
| City Franksin State W7 Zip 53132 | City Fox Mistan Hills State WI Zip 48332 | | |
| Daytime Phone Number 414 -8 01 -7153 | City Caxmistan Hills State WI Zip 48334 Daytime Phone Number 212-221-1261 | | |
| E-mail Address Shupen 72 9 mail. Com | E-mail Address | | |
| Fax Number | Fax Number | | |
| Property Information | Application Type and Fee (Check all that apply) | | |
| Property Address 6736 W. Greenfield AV, WarA | Special Use: (Public Hearing Required) \$500 | | |
| Tax Key No. 939 000 10 19 | Level 1: Site, Landscaping, Architectural Plan Review \$100 | | |
| Aldermanic District | (Project Cost \$0-\$1,999) | | |
| Property Owner 12 au Co Property Owner | Level 2: Site, Landscaping, Architectural Plan Review \$250 | | |
| Property Owner's Address 31500 N Western HW | (Project Cost \$2,000-\$4,999) | | |
| Famins for 100 his, MI, 48334 | Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+) | | |
| Existing Use of Property 943 wo | Site, Landscaping, Architectural Plan Amendment \$100 | | |
| Previous Occupant Travel Agency | Extension of Time \$250 | | |
| Total Project Cost Estimate \$\frac{\pm}{200,000}\$ | Signage Plan Appeal \$100 | | |
| Total Project Cost Estimate 1 2 3 7 3 5 | 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 | Certified Survey Map Re-approval \$75 | | |
| Project Description 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 | Tomarzoning Venication \$200 | | |
| Other One (1) electronic copy of plans | | | |
| Total Project Cost Estimate | FOR OFFICE USE ONLY | | |
| | Plan Commission 1/23/20 | | |
| Please make checks payable to: | Common Council Introduction 19/6/20 | | |
| City of West Allis | Common Council Public Hearing 10/20/23 | | |
| 310 | 4 0/20/2 | | |
| Applicant or Agent Signature 3 hpm fort | Date 8/20/20 | | |



Date_

Property Owner Signature ___

| (7°) | S. S. | *100, 00 \$600, 00 \$600, 00 | 5 5 5 5 6 5 |
|--------------------------------------|------------|------------------------------------|--------------------------------------|
| Type: UC Receipt NO IAL USE PE | | | is to Classical part proces |
| JBI 729 81 DEV SPEC | | - 1 <u>=</u> 2. | nt 8/31/20 |
| Oper: WALSB Date: 6/31 GH | OM SHREETI | SHKEEJI CHECK P | 3 5 |