## **Planning Application**



Project Name DESSENT CARE & BAN (4P-SLA)

<b>Applicant</b>	or	Agent	for	Applicant
Applicalli	$\mathbf{O}$	AGGIII	101	Applicalli

Applicant or Agent for Applicant		Agent is Representing (Tenant/Owner)
Name Mark Lutz	No	ame
Company Lutz Land Managment		ompany
Address PO Box 270592		ddress
City Milwaukee State WI Zip 53227		ity State Zip
Daytime Phone Number <u>262-617-3276</u>		crytime Phone Number
E-mail Address mlutz12368@gmail.com		mail Address
Fax Number NA		x Number
Property Information		Application Type and Fee (Check all that apply)
Property Address 6923 W. BECHER ST Tax Key No. 476-6203-900		Special Use: (Public Hearing Required) \$500
Aldermanic District 2  Current Zoning 22		Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999)
	A F	Level 2: Site, Landscaping, Architectural Plan Review \$250 , (Project Cost \$2,000-\$4,999)
Property Owner LITZ LAND MANAGENCE  Property Owner's Address 11970 W. HOLGAN  WCST ALUS WI  Existing Use of Property VACANT	- 100	Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)
9	- 11	Site, Landscaping, Architectural Plan Amendment \$100
Previous Occupant DENTST		Extension of Time \$250
Total Project Cost Estimate		Signage Plan Appeal \$100
		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
<ul> <li>☑ Corresponding Fees</li> <li>☑ Project Description</li> <li>☑ One (1) set of plans (24" x 36") - check all that apply</li> </ul>		Certified Survey Map Re-approval \$75
		Street or Alley Vacation/Dedication \$500
Site/Landscaping/Screening Plan		
☐ Floor Plans ☐ Elevations		Transitional Use \$500 (Public Hearing Required)
Certified Survey Map Other	-	Formal Zoning Verification \$200
One (1) electronic copy of plans		
<b>□</b> Total Project Cost Estimate	FOI	R OFFICE USE ONLY
Please make checks payable to: City of West Allis		Plan Commission
		Common Council Introduction  Common Council Public Hearing 1/5/2/
	<b> </b>	Common Coolies Tobile Healing
Applicant or Agent Signature	gegener)	Date
Property Owner Signature		Date 11-5-20

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Check: II Recpt no:	DEPOSIT ONL CITY NATL B
r: WALSBJB1 e: 11/09/20 CK PAYMENTS	

Trans date: 11/09/20