

# Planning Application



Project Name Wrestling Taco

## Applicant or Agent for Applicant

Name Nicole DeBack  
 Company DeBacks Wrestling Taco LLC  
 Address 1116 S. 85th St  
 City West Allis State WI Zip 53214  
 Daytime Phone Number 414-801-0855  
 E-mail Address brevenbryce@yahoo.com  
 Fax Number \_\_\_\_\_

## Agent is Representing (Tenant/Owner)

Name DONALD KURKOWSKI  
 Company ARCHITECTS/PLANNERS, S.C.  
 Address 1540 S. 84TH ST  
 City WEST ALLIS State WI Zip 53214  
 Daytime Phone Number 414-258-9995  
 E-mail Address AP.NOELIG@GMAIL.COM  
 Fax Number 414-258-7611

## Property Information

Property Address 1606 S. 84th St  
 Tax Key No. 452-0431-001  
 Aldermanic District 2  
 Current Zoning Commercial  
 Property Owner Peter Agnos  
 Property Owner's Address 860 E Briar Ridge Dr  
 Existing Use of Property Restaurant  
 Previous Occupant Wisconsin Pizza Authority  
 Total Project Cost Estimate \$ 5000

## 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 3/24/21  
 Common Council Introduction \_\_\_\_\_  
 Common Council Public Hearing 4/7/21

Applicant or Agent Signature [Signature] Date 3-1-21

Property Owner Signature [Signature] Date 3/1/21



City of West Allis  
 Department of Development  
 RECEIVED  
 MAR - 1 2021

Open: 04/28/21 Type: OC Drawer: 1  
Date: 3/03/21 02 Receipt no: 12296  
GH DEV SPECIAL USE PERMIT 1.00 \$500.00  
RESTORATION ARMY LLC 1943 \$500.00  
CK CHECK PAYMEN \$500.00  
Total tendered \$500.00  
Total payment \$500.00  
Trans date: 3/03/21 Time: 14:35:42