

Planning Application



Project Name Camino West Allis Addition

Applicant or Agent for Applicant

Name Casey Rataczak
Company Caminobarwestallis LLC
Address 7211 W Greenfield Ave
City West Allis State WI Zip 53217
Daytime Phone Number 4147937906
E-mail Address caminomke@gmail.com

Agent is Representing (Tenant/Owner)

Name Casey Rataczak
Company Caminobarwestallis LLC
Address 7211 W. Greenfield Ave.
City West Allis State WI Zip 53217
Daytime Phone Number 4147937906
E-mail Address caminomke@gmail.com

Property Information

Property Address 7213 W. Greenfield Ave
Tax Key No. _____
Aldermanic District _____
Current Zoning retail
Property Owner Casey Rataczak
Property Owner's Address 2952 S. 94th st
West Allis, WI 53227
Existing Use of Property empty
Previous Occupant MKE Vape

Total Project Cost Estimate \$30,000

Application Type and Fee

(Check all that apply)

- ☒ Special Use: (Public Hearing Required) \$525 GH
- ☐ Level 1: Site, Landscaping, Architectural Plan Review \$125
(Project Cost \$0-\$1,999)
- ☐ Level 2: Site, Landscaping, Architectural Plan Review \$275
(Project Cost \$2,000-\$4,999)
- ☐ Level 3: Site, Landscaping, Architectural Plan Review \$525
(Project Cost \$5,000+)
- ☒ Site, Landscaping, Architectural Plan Amendment \$125 GPO
- ☐ Extension of Time \$275
- ☐ Master Sign Program Review \$125
- ☐ Sign Plan Appeal \$125
- ☐ Request for Rezoning \$600 (Public Hearing Required)
Existing Zoning: _____ Proposed Zoning: _____
- ☐ Planned Development District \$1,525 (Public Hearing Required)
- ☐ Subdivision Plats \$1,700
- ☐ Certified Survey Map \$750
- ☐ Certified Survey Map Re-approval \$75
- ☐ Street or Alley Vacation/Dedication \$525
- ☐ Formal Zoning Verification \$225

**In order to be placed on the Plan Commission agenda,
Planning & Zoning 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
- ☐ Set of plans (electronic) - check all that apply
 - ☐ Site/Landscaping/Screening Plan
 - ☐ Floor Plans
 - ☐ Elevations
 - ☐ Certified Survey Map
 - ☐ Other

**Items shall be emailed to Planning@westalliswi.gov
Please make checks payable to: City of West Allis**

FOR OFFICE USE ONLY

Application Received _____
Plan Commission _____
Publication Date _____
Common Council Introduction _____
Common Council Public Hearing _____

Applicant or Agent Signature _____

Date 9/13/21

Property Owner Signature _____

Date 9/13/21

