Planning Application



Project Name Element 84 - Building E (North)

Applicant or Agent for Applicant Agent is Representing (Tenant/Owner) Name Jonathan Ross Name Company Ogden & Company, Inc. Company Address 1665 N. Water Street Address CityMilwaukee State WI Zip 53202 City_____State___Zip Daytime Phone Number 414-831-0682 Daytime Phone Number _____ E-mail Address jonr@ogdenre.com E-mail Address Fax Number 800-908-9715 Fax Number Application Type and Fee **Property Information** (Check all that apply) - SEE ATTACHED 8426 W. Orchard Property Address _ X Special Use: (Public Hearing Required) \$500 @ Tax Key No. Level 1: Site, Landscaping, Architectural Plan Review \$100 Aldermanic District (Project Cost \$0-\$1,999) Current Zoning ___ Level 2: Site, Landscapina, Architectural Plan Review \$250 Property Owner _ (Project Cost \$2,000-\$4,999) Property Owner's Address __ X Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+) Existing Use of Property Vacant Site, Landscaping, Architectural Plan Amendment \$100 Previous Occupant ___ Extension of Time \$250 Total Project Cost Estimate __\$17,765,000 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 MUST Planned Development District \$1,500 receive the following by the last Friday of the month, (Public Hearing Required) prior to the month of the Plan Commission meeting. Subdivision Plats \$1,700 Completed Application Certified Survey Map \$600 Corresponding Fees Certified Survey Map Re-approval \$50 Project Description One (1) set of plans (24" x 36") 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 Other One (1) electronic copy of plans FOR OFFICE USE ONLY Total Project Cost Estimate Plan Commission Please make checks payable to: Common Council Introduction _ City of West Allis

Applicant or Agent Signature

Common Council Public Hearing

Property Owner Signature ___

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DATE:05/02/2016 CK#:10001 TOTAL:\$3,600.00*** BANK:Ogden Midwest Funding LLC(midchk) PAYEE:City of West Allis(taxwesta)

Property	Account	Invoice - Date	Description	Amount
120 120 120 120 120	1194-0001 1194-0001 1194-0001	Element 84 - 05/02/2016 Element 84 - 05/02/2016 Element 84 - 05/02/2016 Element 84 - 05/02/2016 Element 84 - 05/02/2016	Special Use Level 3 Site Landscape Rezoning CSM Street Vac/Dedication	1,000.00 1,000.00 500.00 600.00 500.00
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