## **Planning Application**



Project Name GILC ActoMotice Applicant or Agent for Applicant Agent is Representing (Tenant/Owner) Name Company Company \_\_\_\_\_ Address Address Rock force State MI Zip 4939 \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_ 708-793-2949 Daytime Phone Number Daytime Phone Number \_\_\_\_\_ 69111 708 D quail. Con E-mail Address E-mail Address 10the-8610-0000 Fax Number Application Type and Fee **Property Information** (Check all that apply) Property Address 9435 W. Lincoln Ave Special Use: (Public Hearing Required) \$500 GH Tax Key No. Level 1: Site, Landscaping, Architectural Plan Review \$100 Aldermanic District (Project Cost \$0-\$1,999) GM Current Zoning Level 2: Site, Landscaping, Architectural Plan Review \$250 Property Owner \_\_ (Project Cost \$2,000-\$4,999) Property Owner's Address Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+) Existing Use of Property ALLO CEDE CO Site, Landscaping, Architectural Plan Amendment \$100 Previous Occupant Extension of Time \$250 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 Zonina Verification \$200 Certified Survey Map Other One (1) electronic copy of plans

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Please make checks payable to:

City of West Allis

Total Project Cost Estimate

Date 9-19-15

Common Council Introduction \_

Common Council Public Hearing \_

Plan Commission

Property Owner Signature \_\_\_\_\_

Applicant or Agent Signature

Date 9-22-16



10/26/16

10/18/16

11/1/16

FOR OFFICE USE ONLY

## Panning Application

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