

File Number

Title

## City of West Allis Matter Summary

Status

7525 W. Greenfield Ave. West Allis, WI 53214

2004-	-0400 Sp	beciai Use Perillit		In Con	imittee			
	Ta Na	pecial use application of the application of the second se		and services with	in an existing bu	uilding located at	8104 W.	
	In	troduced: 8/3/2004		Contro	Iling Body: Safet PLAN	y & Development ( COMMISSION	Committee	
COMMITTEE	RECOMM	ENDATION_		FILE				
ACTION	MOVER	SECONDER	Barczak	AYE	NO	PRESENT	EXCUSED	
DATE:			Czaplewski Dobrowski					
8/3/04			Kopplin Lajsic					
			Narlock Reinke	V				
		-	Sengstock Vitale	V				
	-		Weigel	V				
			TOTAL	5				
SIGNATURE OF COMMITTEE MEMBER								
Chair	Ty-	Vice-	Chair		Membe	r		
COMMON COUNCIL ACTION PLACE ON FILE								
ACTION	MOVER	SECONDER	D. I	AYE	NO	PRESENT	EXCUSED	
DATE:			Barczak Czaplewski	V				
AUG 0 3 2004			Dobrowski	V				
AUG 0 3 2004	-1/		Kopplin Lajsic	1				
			Narlock	V				
			Reinke	~				
	-		Sengstock Vitale					
			Weigel	~				
			TOTAL	10	-			

Planning Application Form
City of West Allis n 7525 West Greenfield Avenue, West Allis, Wisconsin 53214
414/302-8460 n 414/302-8401 (Fax) n http://www.ci.west-allis.wi.us

Applicant or Agent for Applicant	Agent is Representing (Leasee)						
Name Lynn Cody	Name						
Company Artistic Tanning L.L.C	Company						
Address 1135 South 74 Street	Address						
City West Allis state WE Zip 53014	City State Zip						
Daytime Phone Number 414-745-7228	Daytime Phone Number						
E-mail Address Cody Skids @ yahoo.com	E-mail Address						
Fax Number 414-414-2788	Fax Number						
Project Name/New Company Name (If applicable) Artistic.	Application Type and Fee (Check all that apply)						
· )	O Request for Rezoning: \$500.00 (Public Hearing required)						
O Check if the above is agent for applicant and complete Agent is Representing Section in upper right of form.	Existing Zoning: Proposed Zoning:						
Agent Address will be used for all offical correspondence.	O Request for Ordinance Amendment \$500.00						
Property Information	Special Use: \$500.00 (Public Hearing required)						
Property Address 8104 West National Avenue	O Transitional Use \$500.00 (Public Hearing Required)						
Tax Key Number 452 0342 000	Level 1 Site, Landscaping, Architectural Plan Review \$100.00						
	O Level 2 Site, Landscaping, Architectural Plan Review \$250.00						
Property Owner Lynn Cady a Amarda Ledvordoski	O Level 3 Site, Landscaping, Architectural Plan Review \$500.00						
Property Owner's Address 1135 South 71 Street	O Site, Landscaping, Architectural Plan Amendments \$100.00						
WEXT All'18 WI 53214	O Certified Survey Map: \$500.00 + \$30.00 County Treasurer						
Existing Use of Property Warehouse and office	O Planned Development District \$1500.00(Public Hearing required)						
Existing Use of Property Water 10338 CITY O'THICE	O Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for						
Lot Size 088 per tax	reapproval						
Lot size OBS Per Tax	Signage Plan Review \$100.00						
Structure Size 3400 Sq. Roct Addition Scientification Construction Cost Estimate: Hard Scientification Scientification Cost Estimate: Hard	O Sign: Permit Fee						
	O Conceptual Project Review						
Landscaping Cost Estimate	O Street or Alley Vacation: \$500.00						
Total Project Cost Estimate: 40,000	O Board of Appeals: \$100.00						
For Multi-tenant Buildings, Area Occupied NA							
Previous Occupant LABAT Special Lies							
Attach legal description for Rezoning, Conditional Use or Planned Development District (PDD)							
Attach detailed description of proposal.							
Attached Plans Include: (Application is incomplete without required plans,	see handout for requirements)						
● Site Plan ● Floor Plans O Elevations ● Signage Plan	O Legal Description O Certified Survey Map						
O Landscaping/Screening Plan O Grading Plan O Utility System Plan	O Other						
Applicant or Agent Signature	Date: 6/30/04						
Subscribed and swom to me this	0						
	Please do not write in this box						
Notary Public: Was Marge	Application Accepted and Authorized by:						
My Commission: 4-1/2-D76							
	Date:						
Please make checks payable to:	Meeting Date:						
City Of West Allis	Total Fee:						