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City of West Allis

Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2005-0018

Rezoning

In Committee

Request for an ordinance to amend the official West Allis Zoning map by rezoning the southern portion of a split zoned property located at 8531 W. Lincoln Ave. (Krueger Dental office) from RB-2 Residential to C-2 Neighborhood Commercial District to create a contiguous commercially zoned property (tax key Number 487-0031-001).

Introduced: 1/18/2005

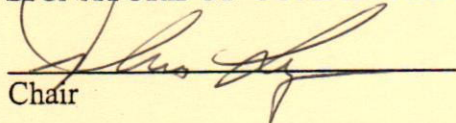
Controlling Body: Safety & Development Committee
PLAN COMMISSION

COMMITTEE RECOMMENDATION

File

	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
ACTION			Barczak	✓			
DATE:			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic	✓			
			Narlock				
			Reinke	✓			
			Sengstock				
	✓		Vitale	✓			
		✓	Weigel	✓			
			TOTAL	5	0		

SIGNATURE OF COMMITTEE MEMBER


Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

PLACE ON FILE

	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
ACTION			Barczak	✓			
DATE:			Czaplewski	✓			
			Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
		✓	Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	10	0		

**STANDING COMMITTEES OF THE
CITY OF WEST ALLIS COMMON COUNCIL
2004**

ADMINISTRATION & FINANCE

Chair: Michael J. Czaplewski
Vice-Chair: Martin J. Weigel
Gary T. Barczak
Thomas G. Lajsic
Rosalie L. Reinke

PUBLIC WORKS

Chair: Richard F. Narlock
Vice-Chair: Linda A. Dobrowski
Kurt E. Kopplin
Vincent Vitale
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Vincent Vitale
Gary T. Barczak
Martin J. Weigel
Rosalie L. Reinke

LICENSE & HEALTH

Chair: Kurt E. Kopplin
Vice-Chair: James W. Sengstock
Linda A. Dobrowski
Richard F. Narlock
Michael J. Czaplewski

ADVISORY

Chair: Rosalie L. Reinke
Vice-Chair: Gary T. Barczak
Linda A. Dobrowski
Vincent Vitale
Martin J. Weigel

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

Name Todd R. Krueger
Company _____
Address 8531 W. Lincoln Avenue
City West Allis State WI Zip 53227
Daytime Phone Number 414-327-2700
E-mail Address _____
Fax Number 414-327-2701
Project Name/New Company Name (if applicable) Garage

☐ Check if the above is agent for applicant and complete Agent is Representing Section in upper right of form.

Agent Address will be used for all official correspondence.

Property Information

Property Address 8531 W. Lincoln Ave
Tax Key Number 487-0031-001
Current Zoning RB2
Property Owner Todd R. Krueger
Property Owner's Address 2410 Buckingham Pl.
Brookfield, WI 53045-4145
Existing Use of Property Dental Office
Lot Size 50' x 107.65'
Structure Size 40' x 30' Addition _____
Construction Cost Estimate: Hard _____ Soft _____ Total 21,500.-
Landscaping Cost Estimate < 1,000.-
Total Project Cost Estimate: 22,500.-
For Multi-tenant Buildings, Area Occupied _____
Previous Occupant _____

Agent is Representing (Owner/Leasee)

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone Number _____
E-mail Address _____
Fax Number _____

Application Type and Fee

(Check all that apply)

- ☒ Request for Rezoning: \$500.00 (Public Hearing required) _____ *
Existing Zoning: RB2 Proposed Zoning: C2
☐ Request for Ordinance Amendment \$500.00
☐ Special Use: \$500.00 (Public Hearing required)
☐ Transitional Use \$500.00 (Public Hearing Required)
☒ Level 1 Site, Landscaping, Architectural Plan Review \$100.00 } *
☐ Level 2 Site, Landscaping, Architectural Plan Review \$250.00
☐ Level 3 Site, Landscaping, Architectural Plan Review \$500.00
☐ Site, Landscaping, Architectural Plan Amendments \$100.00
☐ Certified Survey Map: \$500.00 + \$30.00 County Treasurer
☐ Planned Development District \$1500.00 (Public Hearing required)
☐ Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for reapproval
☐ Signage Plan Review \$100.00
☐ Sign: Permit Fee _____
☐ Conceptual Project Review _____
☐ Street or Alley Vacation: \$500.00
☐ Board of Appeals: \$100.00

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 ☒ Elevations ☐ Signage Plan ☒ Legal Description ☒ Certified Survey Map
☒ Landscaping/Screening Plan ☐ Grading Plan ☐ Utility System Plan ☐ Other _____

Applicant or Agent Signature Todd R. Krueger

Date: 01-04-05

Subscribed and sworn to me this

4 day of January, 2005

Notary Public: Diana M. [Signature]

My Commission: 4-16-06

Please make checks payable to:
City Of West Allis

Please do not write in this box

Application Accepted and Authorized by:

Date: _____

Meeting Date: _____

Total Fee: _____

Oper: DWP/INGR
Date: 1/05/05 01
Type: CC
Receipt no: 1486
Dper: CLK REZONING FEE 1
GM CLK LVL 1 SITE-A 1
TODD R. KRUEGER
CK CHECK PA 11298
Total tendered \$600.00
Total payment \$600.00

Trans date: 1/04/05 Time: 15:28:26