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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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2011-0267 Request Introduced

Request for an Extension of time to complete previously approved special use for Yester Years Pub and Grill to expand the bar and create an outdoor dining area located at 9427 W. Greenfield Ave., submitted by Karen Schoenfeld, Yester Years.

Introduced: 5/3/2011 Controlling Body: Safety & Development Committee

COMMITTEE RECOMMENDATION APPROVE & FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>5/3/11</u>	<input checked="" type="checkbox"/>		Barczak				
			Czaplewski				
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
		<input checked="" type="checkbox"/>	Vitale	✓			
			Weigel				
			TOTAL	<u>5</u>	<u>0</u>		<u>1</u>

SIGNATURE OF COMMITTEE MEMBER

[Signature]
Chair Vice-Chair Member

COMMON COUNCIL ACTION APPROVAL AND PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>MAY 03 2011</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
	<input checked="" type="checkbox"/>		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>10</u>	<u>—</u>		<u>—</u>

Planning Application Form

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

Applicant or Agent for Applicant

Agent is Representing (Tenant/Owner)

Name Karen D. Schoenfeld
 Company Yester Years Pub Inc
 Address 9411-9427 W Greenfield Ave
 City West Allis State WI Zip 53214
 Daytime Phone Number 414-861-3863 (262-782-)
 E-mail Address Kschoenfeld@wiyr.com 3863
 Fax Number 262-782-3863
 Project Name/New Company Name (If applicable) not sure of
New Name

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

Application Type and Fee (Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments. \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
- Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

Agent Address will be used for all official correspondence.

Property Information

Property Address 9411-9427 W Greenfield Ave
 Tax Key Number _____
 Current Zoning _____
 Property Owner Karen D. Schoenfeld
 Property Owner's Address 2460 So Graylog Ln
New Berlin, WI 53151
 Existing Use of Property Bar - Restaurant - Rentals
 Total Project Cost Estimate: _____
 Previous Occupant Yester Years Pub & Grill Inc
Sacreda Dance Studio
Ann / Anesque Dance Studio

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other _____

In order to be placed on the Plan Commission agenda, the Department of Development MUST receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Applicant or Agent Signature Karen D. Schoenfeld Date: 4-26-2011
 Subscribed and sworn to me this _____ day of _____, 20____

Notary Public: _____
 My Commission: _____

**Please make checks payable to:
City Of West Allis**