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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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2009-0094 Special Use Permit In Committee

Special Use Permit to establish The Orchard, an instructional training facility for dance, martial arts, aerobics, music, business and trades within a portion of the existing mixed use building located at 1500 S. 73 St., 7223 W. Orchard St. and 15\*\* S. 73 St. (Tax Key Nos. 453-0212-000 and 453-0211-000)

Introduced: 2/17/2009

Controlling Body: Safety & Development Committee

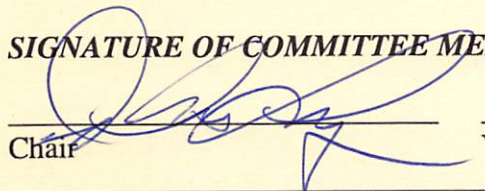
**Plan Commission**

### COMMITTEE RECOMMENDATION

*File*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>3/3/09</u>			Barczak				
			Czaplewski				
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
			Vitale	✓			
			Weigel				
			TOTAL	<u>5</u>	<u>1</u>		

### SIGNATURE OF COMMITTEE MEMBER

 \_\_\_\_\_  
 Chair Vice-Chair Member

### COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>MAR 03 2009</u>			Barczak				✓
			Czaplewski	✓			
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>9</u>	<u>1</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 (Owner/Leasee)**

Name The Orchard  
 Company \_\_\_\_\_  
 Address PO Box 14686  
 City West Allis State WI Zip 53214  
 Daytime Phone Number (414) 403-3955  
 E-mail Address info@TheOrchard  
 Fax Number \_\_\_\_\_  
 Project Name/New Company Name (If applicable) \_\_\_\_\_

Name Kirsten Carter  
 Company The Orchard  
 Address PO Box 14686  
 City West Allis State WI Zip 53214  
 Daytime Phone Number (414) 403-3955  
 E-mail Address info@TheOrchard.com  
 Fax Number \_\_\_\_\_

**Agent Address will be used for all official correspondence.**

**Property Information**

Property Address 1500 S. 73rd St.  
 Tax Key Number 4530212-000  
 Current Zoning C-2  
 Property Owner GLACI Inc  
 Property Owner's Address PO Box 14686  
West Allis, WI 53214  
 Existing Use of Property Apartment + Offices  
 Structure Size \_\_\_\_\_ Addition \_\_\_\_\_  
 Construction Cost Estimate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Total \_\_\_\_\_  
 Landscaping Cost Estimate \_\_\_\_\_  
 Total Project Cost Estimate: \_\_\_\_\_  
 Previous Occupant \_\_\_\_\_

**Application Type and Fee**

(Check all that apply)

- Request for Rezoning: \$500.00 (Public Hearing required)  
Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_
- 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
- Extension of Time: \$250.00
- 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
- Street or Alley Vacation/Dedication: \$500.00
- Signage Plan Appeal: \$100.00

**\* Attach detailed description of proposal.**

**In order to be placed on the Plan Commission agenda, the Department of Development must receive a completed application, appropriate fees, a project description, 6 sets of scaled, folded and stapled plans (24" x 36") and 1 electronic copy (PDF format) of the plans by the last Friday of the month, prior to the month of the Plan Commission meeting.**

**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** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn to me this 20 day of NOVEMBER, 2009

Notary Public: [Signature]  
 My Commission: 4/1-10

**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: \_\_\_\_\_



**CITY CLERK/TREASURER'S OFFICE**

414/302-8200 or 414/302-8207 (Fax)

[www.ci.west-allis.wi.us](http://www.ci.west-allis.wi.us)

**Paul M. Ziebler**

*City Admin. Officer, Clerk/Treasurer*

**Monica Schultz**

*Assistant City Clerk*

**Rosemary West**

*Treasurer's Office Supervisor*

March 10, 2009

Kirsten Carter  
The Orchard  
PO Box 14686  
West Allis, WI 53214

Dear Ms. Carter:

On March 3, 2009 the Common Council approved a Resolution relative to determination of Special Use Permit to establish The Orchard, an instructional training facility for dance, martial arts, aerobics, music and arts, business and trades within a portion of the existing mixed use building located at 1500 S. 73 St., 7223 W. Orchard St. and 15\*\* S. 73 St.

Please sign and return the enclosed copy of Resolution No. R-2009-0069 to the Clerk's Office within ten (10) days upon receipt of this letter.

Sincerely,

A handwritten signature in black ink that reads "Monica Schultz".

Monica Schultz  
Assistant City Clerk

/amn

enc.

cc: John Stibal  
Ted Atkinson  
Steve Schaer  
Barb Burkee