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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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2006-0669 Special Use Permit In Committee

Special Use Permit for proposed demolition of a mixed-use building located at 7624-28-30 W. Lincoln Ave. and 2244 S. 77 St. and proposed addition to the existing Spirit of 76th Veterinary Clinic, located at 7606 W. Lincoln Ave. (Tax Key Nos. 477-0542-000 and 477-0822-000).

Introduced: 11/21/2006

Controlling Body: Safety & Development Committee

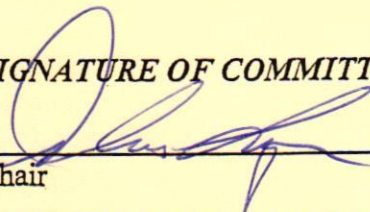
Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>12/19/06</u>			Barczak	✓			
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic	✓			
			Narlock				
		✓	Reinke	✓			
			Sengstock				
			Vitale				✓
	✓		Weigel	✓			
			TOTAL	<u>4</u>	<u>0</u>		<u>1</u>

SIGNATURE OF COMMITTEE MEMBER

 _____
Chair Vice-Chair Member

PLACE ON FILE

COMMON COUNCIL ACTION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>DEC 19 2006</u>			Barczak	✓			
			Czaplewski	✓			
		✓	Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Vitale <i>exc</i>				✓
			Weigel	✓			
			TOTAL	<u>9</u>	<u>-</u>	<u>-</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 Dr. Troy Semandel
 Company Spirit of 76th Veterinary Clinic
 Address 7606 W. Lincoln Ave
 City West Allis State WI Zip 53219
 Daytime Phone Number 414 546-0750
 E-mail Address K9DrTroy2000@yahoo.com
 Fax Number 414 546 3220
 Project Name/New Company Name (If applicable) _____

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

Agent Address will be used for all official correspondence.

Property Information

Property Address 7606 W. Lincoln Ave
 Tax Key Number 477-0822-000, 477 0542 000
 Current Zoning _____
 Property Owner Dr. Troy Semandel / Dr. Stan Thieme
 Property Owner's Address Troy-2860 S. Wentworth Ave Milw 53207, Stan-2016 N. 6th Street Kalamazoo MI 49009
 Existing Use of Property Veterinary Clinic
 Structure Size 2,200 SF Addition 2143 SF
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate 25,000
 Total Project Cost Estimate: 273,000 - 318,000
 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 first Friday of the month.

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: 11/2/16

Subscribed and sworn to me this 2 day of November, 2016

Notary Public: _____
 My Commission: 4-11-10

**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: _____

Oper: GNRCDEV Type: OC Drawer: 1
Date: 11/03/06 01 Receipt no: 74624
2006 2892
PZ PLANNING & ZONIN 1 \$1530.00
 SEMANDEL INVESTMENTS LLC
 CK CHECK PA 2132 \$1530.00
Total tendered \$1530.00
Total payment \$1530.00

Trans date: 11/02/06 Time: 14:04:12