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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2003-0316	Rezoning	In Committee
Request by Windsong Village, LLC to amend the official West Allis Zoning Map by overlay by rezoning property located at 11024 W. Oklahoma Ave. from C-4 Regional Commercial District to PDD-1 Planned Development District-Residential.		
Introduced: 5/20/2003		Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION

Fua

MOVER: Reinke AYES 5 NOES 0

SECONDER: Narlock EXCUSED _____

COMMITTEE ACTION DATE 6/3/03

SIGNATURES OF COMMITTEE MEMBERS

[Signature]
Chair

Vice-Chair

COMMON COUNCIL ACTION Placed on file

FINAL ACTION DATE JUN 03 2003

MOVER:
Lajsic

SECONDER:
Reinke

	AYE	NO
1. Barczak	<input checked="" type="checkbox"/>	_____
2. Czaplewski	<input checked="" type="checkbox"/>	_____
3. Kopplin	<input checked="" type="checkbox"/>	_____
4. Lajsic	<input checked="" type="checkbox"/>	_____
6. Narlock	<input checked="" type="checkbox"/>	_____
7. Reinke	<input checked="" type="checkbox"/>	_____
8. Sengstock	<input checked="" type="checkbox"/>	_____
9. Trudell	<input checked="" type="checkbox"/>	_____
10. Vitale	<input checked="" type="checkbox"/>	_____
<u>Weigel</u>	<input checked="" type="checkbox"/>	_____
TOTAL	<u>10</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
 Name TIMOTHY S. GESCHKE
 Company ASI GENERAL, INC.
 Address W223 N 720 SARATOGA DRIVE
 City WAUKESHA State WI Zip 53186
 Daytime Phone Number 262 521-0500
 Project Name/New Company Name (If applicable)
WINDSONG APARTMENTS

Agent is Representing (Owner/Leasee)
 Name WINDSONG VILLAGE, LLC
 Company _____
 Address 8651 N. PORT WASHINGTON RD.
 City MILWAUKEE State WI Zip 53217
 Daytime Phone Number 414 247-8666

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 11024 W. OAKLAHOMA AVE
 Tax Key Number _____
 Current Zoning _____
 Property Owner _____
 Property Owner's Address 8651 N. PORT WASHINGTON RD.
MILW., WI 53217
 Existing Use of Property _____
 Lot Size _____
 Structure Size _____ Addition _____
 Development cost estimate _____
 Landscaping cost estimate _____
 For multi-tenant buildings, area occupied _____
 Previous Occupant _____

Application Type and Fee

Request for Rezoning: \$400.00 (Public Hearing required)
 Existing Zoning: _____ Proposed Zoning: _____

Request for Ordinance Amendment \$400.00

Special Use: \$300.00 (Public Hearing required)

Site, Landscaping, Architectural Reviews

Certified Survey Map: \$125.00 + \$12.25 for first page + \$3.00 for each additional page + \$30.00 County Treasurer

Planned Development District (Public Hearing required)

Residential: \$500.00

Industrial/Commercial: \$500.00

Subdivision Plats: \$125.00 + \$100.00 County Treasurer + \$25.00 for reapproval

Sign: Permit Fee _____

Conceptual Project Review _____

Street or Alley Vacation: \$250.00

Board of Appeals: \$100.00

Attach legal description for Rezoning, Conditional Use or Planned Development District (PDD)

Description of Proposal

Details of proposal; plans of operation; hours of operation; frequency of deliveries to site; number of employees; description of any interior/exterior modifications or additions to be made to property; frequency of customer visits; any outside storage (dumpsters, trucks, materials...); number of parking stalls; screening/buffer type; any other information available.
 PLEASE EXPLAIN IN DETAIL (Attach additional pages if necessary)

PURPOSE OF PDD REQUEST IS TO REMOVE CANOPIES BETWEEN BUILDINGS.

CITY CLERK REMITTANCE
 Planned Development Dist \$500.00
 MS0503001535001 5/02/03 PAID
 PAYOR: ASI GENERAL, INC. FOR WINDSONG VLLG

LLC

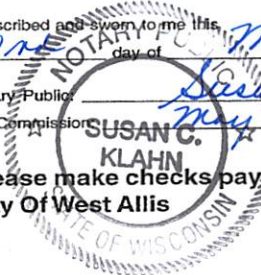
Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

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 Timothy S. Geschke Date: 5-2-03

Subscribed and sworn to me this 2nd day of May, 2003
 Notary Public: Susan C. Klahn
 My Commission Expires May 1, 2005

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: _____

CC Schae