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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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2009-0639      Communication      Introduced

Special Use Permit for proposed New Number One Restaurant to be located within the River Bend Shopping Center, 7536 W. Oklahoma Ave.

Introduced: 10/6/2009

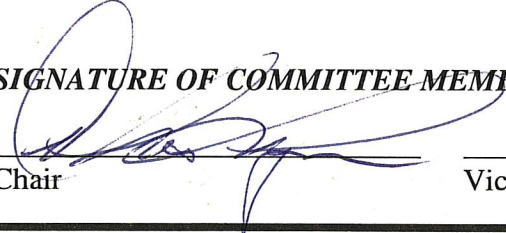
Controlling Body: Safety & Development Committee  
**Plan Commission**

## COMMITTEE RECOMMENDATION

*File*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
<u>11/3/09</u>			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
		✓	Reinke	✓			
			Roadt				
	✓		Sengstock				
			Vitale	✓			
			Weigel				
			TOTAL	<u>5</u>	<u>0</u>		

## SIGNATURE OF COMMITTEE MEMBER



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

## COMMON COUNCIL ACTION

**PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak	✓			
			Czaplewski	✓			
<u>NOV 03 2009</u>	✓		Kopplin	✓			
			Lajsic	✓			
		✓	Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>10</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**

Name New No. 1 Restaurant  
 Company New No 1 Restaurant  
 Address 7536 W ~~76 Street~~ Oklahoma  
 City West Allis State WI Zip \_\_\_\_\_  
 Daytime Phone Number 312-952-0381  
 E-mail Address \_\_\_\_\_  
 Fax Number 773-376-1856  
 Project Name/New Company Name (If applicable) \_\_\_\_\_

**Agent is Representing (Owner/Leasee)**

Name "Woo" Wing K Ng  
 Company Wing K Ng  
 Address 1850 S Canal  
 City Chicago State IL Zip 60616  
 Daytime Phone Number 312-952-0381  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_

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

**Property Information**

Property Address 7536 W 76 Street  
 Tax Key Number 515-0124-000  
 Current Zoning \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 Property Owner's Address \_\_\_\_\_  
 Existing Use of Property \_\_\_\_\_  
 Structure Size \_\_\_\_\_ Addition \_\_\_\_\_  
 Construction Cost Estimate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Total \_\_\_\_\_  
 Landscaping Cost Estimate \_\_\_\_\_  
 Total Project Cost Estimate: 56,000.00  
 Previous Occupant 1414 274-1650

**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** Wing K Ng **Date:** 9/9/09

Subscribed and sworn to me this 11 day of September, 2009

Notary Public: [Signature]  
 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: \_\_\_\_\_