



City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number

Title

Status

2010-0513

Special Use Permit

Introduced

Special Use Permit to establish Empower Credit Union, a financial institution with drive-thru facilities to be located at 10635 W. Greenfield Ave. (former Harry's True Value).

Introduced: 9/7/2010

Controlling Body: Safety & Development Committee

Plan Commission

COMMITTEE	RECOMM	ENDATION _	FI				
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STANDING COMMITTEES OF THE CITY OF WEST ALLIS COMMON COUNCIL

ADMINISTRATION & FINANCE

PUBLIC WORKS

SAFETY & DEVELOPMENT

Chair: Kurt E. Kopplin Vice-Chair: Vincent Vitale

Thomas G. Lajsic Richard F. Narlock Rosalic L. Reinke Chair: Gary T. Barczak Vice-Chair: Martin J. Weigel Michael J. Czaplewski Daniel J. Roadt

Daniel J. Roadt James W. Sengstock Chair: Thomas G. Lajsic Vice-Chair: Richard F. Narlock Kurt E. Kopplin Rosalie L. Reinke

LICENSE & HEALTH

Chair: Michael J. Czaplewski Vice-Chair: James W. Sengstock

Gary T. Barczak Daniel J. Roadt Martin J. Weigel

ADVISORY

Vincent Vitale

Chair: Rosalie L. Reinke Vice-Chair: Daniel J. Roadt

Kurt E. Kopplin Richard F. Narlock Vincent Vitale

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 OCEPH MINORIK	Name VENNIFOR SCHILLING					
Company 2 Macchiz Group UC.	Company EMPOWER W.					
Address 57 N. MILWAUKEE ST.	Address 231 W. MICHIGAN ST					
City MILWAUKEE State W7. Zip 53202	City MILLIAUKEE. State WI. Zip \$3202					
Daytime Phone Number 44. 727. 4380	Daytime Phone Number 414. 221. 2958					
E-mail Address Joe & Tamacchiagnup. com	E-mail Address JSChilling a empower-U. org					
Fax Number 414. 223. 4488	1.1 2 4.27					
Project Name/New Company Name (If applicable)	Application Type and Fee (Check all that apply)					
EMPOWER CREDIT UNION.	Special Use: \$500.00 (Public Hearing Required)					
Agent Address will be used for all offical correspondence.						
Property Information	Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)					
Property Address 10635 W. GREANTED AVE.	Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)					
Tax Key Number 444 - 0497 - 00						
Current Zoning PDP-2	(Project Cost \$5,001 +)					
Property Owner MARK MCCUNE - FIRST FINANCIAL CASTER	Site, Landscaping, Architectural Plan Amendments \$100.00					
Property Owner's Address 155 W. WISCONSIN TWE.	Extension of Time: \$250.00					
OCONOMOWOL, WI. 53066	☐ Signage Plan Review \$100.00					
Existing Use of Property VAZANT.	☐ Signage Plan Appeal: \$100.00					
Total Project Cost Estimate: 45,000, 000.	Request for Rezoning: \$500.00 (Public Hearing required)					
Previous Occupant UNKNOWN.	Existing Zoning: Proposed Zoning:					
	Request for Ordinance Amendment \$500.00					
	☐ Planned Development District \$1500.00(Public Hearing Required)					
	Subdivision Plats: \$1700.00					
In order to be placed on the Plan Commission	Certified Survey Map: \$600.00					
agenda, the Department of Development MUST	☐ Certified Survey Map Re-approval: \$50.00					
receive the following by the last Friday of the month,	☐ Street or Alley Vacation/Dedication: \$500.00					
prior to the month of the Plan Commission meeting.	☐ Transitional Use \$500.00 (Public Hearing Required)					
(Check boxes next to each listed item):	Attacked Disease Includes (4 to 6 to 5					
Completed Application	Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)					
Appropriate Fees	Site/Landscaping/Screening Plan					
Project Description	☑ Floor Plans					
6 Sets of folded and stapled plans (24" x 36")	☑ Elevations					
1 Electronic copy of plans (PDF format)	☑ Signage Plan					
☑ Total Project Cost Estimate	☑ Certified Survey Map					
	Other					
	annum manager and a second and a					
Applicant or Agent Signature Date: 07,26,10						
Subscribed and sworn to me this Subscribed and sworn to me this Applicant or Agent Signature Subscribed and sworn to me this Sub						
	SUSAN C. A MARIE KLAHN					
Notary Public: Susan E. Klocker 1, 10	Please make checks payable to:					
Notary Public: City Of West Allis My Commission: 1/26/19 City Of West Allis						
My Commission: 7/26/19	MINION WISCONS					

\$100.00

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Uper: GNRCDEV Type: OC Drawer: 1
Date: 8/13/10 01 Receipt no: 74566
GH DEV SPECIAL U 1 \$500.00
LYMFICHIA GROUP
-CK CHECK PA 23564 \$500.00
Total tendered \$500.00

8/03/10

frans date:

Time: 13:17:53

8/02/10 \$100.00 e: UC Drawer: 1 eipt no: 74012 1 \$500.00 Time: 14:32:15 \$100.00 \$600.00 \$600.00

Trans date:

7188: 14:32:15 8/05/10 Trans date:

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