

40 #2



# City of West Allis

## Matter Summary

7525 W. Greenfield Ave.  
West Allis, WI 53214

File Number	Title	Status
2004-0420	Special Use Permit	In Committee
Special Use Application submitted by Steve Dunn d/b/a Korbely's for an expansion to the existing tavern located at 7408 W. Walker St. (tax key 440-0030-002).		
Introduced: 6/15/2004		Controlling Body: Safety & Development Committee Plan Commission

### COMMITTEE RECOMMENDATION

*File*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>8/3/04</u>			Barczak	✓			
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic	✓			
			Narlock				
			Reinke	✓			
			Sengstock				
	✓		Vitale	✓			
		✓	Weigel	✓			
TOTAL				<u>5</u>	<u>-</u>		

### SIGNATURE OF COMMITTEE MEMBER

Chair

Vice-Chair

Member

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

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>AUG 03 2004</u>		✓	Barczak	✓			
			Czaplewski	✓			
			Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
TOTAL				<u>10</u>	<u>-</u>		

## Planning Application Form

City of West Allis n 7525 West Greenfield Avenue, West Allis, Wisconsin 53214  
414/302-8460 n 414/302-8401 (Fax) n http://www.ci.west-allis.wi.us

### Applicant or Agent for Applicant

Name Steve Dunn  
Company Korbellys inc.  
Address 7408 W. WALKER ST.  
City West Allis State WI Zip 53214  
Daytime Phone Number 414-453-7200  
E-mail Address DUNNSPORT1@aol.com  
Fax Number 414-453-7250  
Project Name/New Company Name (If applicable) \_\_\_\_\_

☐ 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 7408 W. WALKER ST.  
Tax Key Number 440-0030-002  
Current Zoning \_\_\_\_\_  
Property Owner STEVE DUNN  
Property Owner's Address 5435 Nicde ct  
New Berlin, WI 53151  
Existing Use of Property Korbellys inc  
bar & restaurant  
Lot Size \_\_\_\_\_  
Structure Size \_\_\_\_\_ Addition 45' x 6'  
Construction Cost Estimate: Hard ☒ Soft \_\_\_\_\_ Total 45,000  
Landscaping Cost Estimate 5,000 ~~10,000~~  
Total Project Cost Estimate: 50,000  
For Multi-tenant Buildings, Area Occupied \_\_\_\_\_  
Previous Occupant \_\_\_\_\_

### Agent is Representing (Owner/Leasee)

Name Ralph Abelt  
Company Korbellys inc  
Address 7408 W. WALKER ST.  
City West Allis State WI Zip 53214  
Daytime Phone Number 414-258-0269  
E-mail Address \_\_\_\_\_  
Fax Number \_\_\_\_\_

### 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
- ☐ 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
- ☐ Sign: Permit Fee \_\_\_\_\_
- ☐ Conceptual Project Review \_\_\_\_\_
- ☐ Street or Alley Vacation: \$500.00
- ☐ Board of Appeals: \$100.00

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

Attach detailed description of proposal.

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: 5/25/04

Subscribed and sworn to me this

2nd day of June, 20 04

Notary Public: Jane Schilling

My Commission: 9-12-04

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: \_\_\_\_\_