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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2003-0103	Special Use Permit	In Committee
	Special Use application submitted by Bryant Chaffee d/b/a Chaffee Funeral Livery Service, Inc. to establish a crematory within the existing building located at 11430 W. Lincoln Ave.	
	Introduced: 2/18/2003	Controlling Body: Safety & Development Committee PLAN COMMISSION

COMMITTEE RECOMMENDATION Place on File

MOVER: Rank AYES 4 NOES 0

SECONDER: Czaplewski EXCUSED Koplin

COMMITTEE ACTION DATE 3/18/03 4/2/03

SIGNATURES OF COMMITTEE MEMBERS

[Signature]
Chair

Vice-Chair

COMMON COUNCIL ACTION Placed on File

FINAL ACTION DATE 4-2-03

MOVER:
Lajsic

SECONDER:
Barczak

	AYE	NO
1. Barczak	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Czaplewski	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Koplin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Lajsic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Murphy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Narlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Reinke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Sengstock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Trudell	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Vitale	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TOTAL	<u>9</u>	<u>0</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 Bryant Chaffee
 Company Chaffee Funeral Livery Sr. Inc.
 Address 11430 W. Lincoln Ave.
 City West Allis State WI Zip 53227
 Daytime Phone Number 414 541-0121
 Project Name/New Company Name (if applicable) Crematory Addition

Agent is Representing (Owner/Leasee)
 Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____

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 11430 W. Lincoln Ave
 Tax Key Number _____
 Current Zoning M-1
 Property Owner Bryant Chaffee
 Property Owner's Address 14925 Cliff Bridge Ln Brookfield, WI 53005
 Existing Use of Property Livery Garage + Offices
 Lot Size 155 X 140
 Structure Size 135 X 80 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: \$600.00
 - 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)

Creation of a 20x19 1/2' room within the existing 135'x80' structure to contain equipment necessary for the temporary storage and cremation of Human Remains.

All services provided to area funeral homes only, and to be performed by existing personnel, with deliveries by returning vehicles during current hours of operation.

- 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 Bryant Chaffee Date: 2/6/03

Subscribed and sworn to me this 6th day of February, 2003
 Notary Public: Jane Schelling
 My Commission: 9-12-04

Please make check **RECEIVED**
 City Of West Allis

FEB 06 2003

CITY OF WEST ALLIS
 CLERK/TREASURER

<i>Please do not write in this box</i>	
Application Accepted and Authorized by: _____	
Date: _____	Meeting Date: _____
Total Fee: _____	



CITY OF WEST ALLIS

WISCONSIN



City Clerk/Treasurer

April 7, 2003

Bryant Chaffee
d/b/a Chaffee Funeral Livery Service, Inc.
11430 W. Lincoln Ave.
West Allis, WI 53227

Dear Mr. Chaffee:

On April 2, 2003, the Common Council approved your special use permit application to establish a crematory within the existing building located at 11430 W. Lincoln Ave.

A copy of Resolution No. R-2003-0111 is enclosed.

Sincerely,

Paul M. Ziehler
Acting City Clerk/Treasurer

/hc

cc: John Stibal
Ted Atkinson
Steve Schaer
Barb Burkee
Jonathan Ward
Charles Ruud