

58.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2009-0500	Special Use Permit	Introduced
Special Use Permit to establish auto repair at Romero's Auto Sale, an existing business located at 5600 W. Burnham St. (Tax Key No. 455-0033-000)		
Introduced: 8/4/2009		Controlling Body: Safety & Development Committee

COMMITTEE RECOMMENDATION File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>8/4/09</u>			Barczak				<u>2</u>
			Czaplewski				
			Kopplin	✓			
			Lajsic	✓			
			Narlock				✓
		✓	Reinke	✓			
			Roadt				
			Sengstock				
	✓		Vitale	✓			
			Weigel				
			TOTAL	<u>4</u>	<u>0</u>		<u>1</u>

SIGNATURE OF COMMITTEE MEMBER

[Signature] _____
 Chair Vice-Chair Member

COMMON COUNCIL ACTION PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>AUG 04 2009</u>			Barczak				✓
			Czaplewski	✓			
		✓	Kopplin	✓			
	✓		Lajsic	✓			
			Narlock				✓
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>8</u>			<u>2</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

Agent is Representing Owner
Leasee

Name Francisco Romero
 Company Romero's Auto Sale LLC
 Address 5600 W Burnham
 City West Allis State WI Zip 53209
 Daytime Phone Number 414 241 5584
 E-mail Address _____
 Fax Number 414 321 6300
 Project Name/New Company Name (If applicable) _____

Name Hugo L Alarcon
 Company H-TAX-ACCOUNTING
 Address 1016 W National Ave
 City Milwaukee State WI Zip 53204
 Daytime Phone Number 414-803-2340
 E-mail Address H-TAX-ACCOUNTING@BIZWI.COM
 Fax Number 414-385-0622

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) GH
- Transitional Use \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 GM
- 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

Agent Address will be used for all official correspondence.

Property Information

Property Address 5600 W Burnham
 Tax Key Number 455003000
 Current Zoning C2: Neighborhood Commercial
 Property Owner Francisco Romero
 Property Owner's Address 5600 W Burnham
 Existing Use of Property Commercial
Car Dealer
 Structure Size _____ Addition _____
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate _____
 Total Project Cost Estimate: \$2000,-
 Previous Occupant _____

* 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
- Landscaping/Screening Plan Grading Plan Utility System Plan Other _____

Sworn to me this 16th day of July, 2009

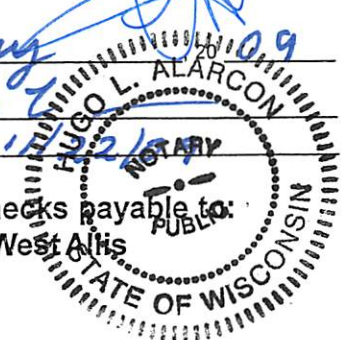
 Barbara J. Bunkae
 Commission
 Expires 9/25/11

Applicant or Agent Signature _____ Date: 5/7/09

Subscribed and sworn to me this 7th day of May 2009

Notary Public: _____
 My Commission: _____

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: _____