Planning Application



| Project Name SSE CHUAN CUISINE | WEST ALLIS | | |
|--|---|--|--|
| Applicant or Agent for Applicant | Agent is Representing (Tenant/Owner) | | |
| Name Batty Yang, AIA Company Batty C. Yang ARCHITECT Address 5559 N. SHORE LAND AVENUE City WHITEFIGH BAY State WI zip 53217 Daytime Phone Number 262 385-2680 E-mail Address by ang. architect & guail.com Fax Number — | NameMAY MO CompanyMEi HUA MARCET/NATIONAL PLAZA, LU Address 1066 WEST NATIONAL AVENUE CityWEST AWS StateWI _ zip 53227 Daytime Phone Number 3/2-479-2017 E-mail Address 3/19/ie Mo @ Yahoo.com Fax Number | | |
| Property Information | Application Type and Fee (Check all that apply) | | |
| Property Address | | | |
| Aldermanic District5 | X Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999) | | |
| Property Owner MAY MO | Level 2: Site, Landscaping, Architectural Plan Review \$250 (Project Cost \$2,000-\$4,999) | | |
| Property Owner's Address 1066 W. NATIONAL AVE. WEST ALUS, WI 53227 | Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+) | | |
| Existing Use of Property | □ Site, Landscaping, Architectural Plan Amendment \$100 | | |
| Previous Occupant <u>Good FEET</u> Total Project Cost Estimate <u>\$100,000</u> | □ Extension of Time \$250 | | |
| | □ Signage Plan Appeal \$100 | | |
| | Request for Rezoning \$500 (Public Hearing Required) Existing Zoning: Proposed Zoning: | | |
| In order to be placed on the Plan Commission | Request for Ordinance Amendment \$500 | | |
| agenda, the Department of Development MUST receive the following by the last Friday of the month, | Planned Development District \$1,500 (Public Hearing Required) | | |
| prior to the month of the Plan Commission meeting. | □ Subdivision Plats \$1,700 | | |
| ★ Completed Application ★ Completed Application | □ Certified Survey Map \$600 | | |
| ✗ Corresponding Fees✗ Project Description | Certified Survey Map Re-approval \$50 | | |
| X One (1) set of plans (24" x 34") "X 7" | Street or Alley Vacation/Dedication \$500 | | |
| Site/Landscaping/Screening Plan Floor Plans Floor Plans | Transitional Use \$500 (Public Hearing Required) | | |
| Elevations Certified Survey Map (FOR REFERENCE) Other (PRASH) CEILING Plan) One (1) electronic copy of plans | Formal Zoning Verification \$200 | | |
| Total Project Cost Estimate | FOR OFFICE USE ONLY | | |
| Please make checks payable to: City of West Allis | Plan Commission 10-26-16 Common Council Introduction 11-15-16 Common Council Public Hearing 11-15-16 | | |
| Olmoni, Care | Data 10/7/2016 | | |

Applicant or Agent Signature Date $\frac{10/1/2016}{10/7/2016}$ Property Owner Signature Date $\frac{10/7/2016}{10/7/2016}$



| rawer: 1 76582 MIT 4588 88 | PLN R | \$686.88 \$686.88 \$686.88 |
|---|--|---|
| Receipt no: Receipt no: ECIAL USE PER | DEV LVL 1 SITE-ARCH PLN R 1.00 \$100.00 | 5769 |
| Oper: WALSBIBI Type: OC Drawer: 1 Date: 10/07/16 03 Receipt no: 76502 GH DEV SPECIAL USE PERMIT | SU-HYEY JOU GM DEV LVI | SU-HUEY JOU CK CHECK PAYMEN Total tendered Total payment |

Trans date: 10/07/16 Time: 14:52:35

Janel Lemanske

From:

Steve Schaer

Sent:

Friday, November 11, 2016 8:45 AM

To:

Janel Lemanske Barb Burkee

Cc: Subject:

FW: Sze Chuan Cuisine

Importance:

High

Janel,

If it helps for clarification purposes, please see the highlighted note in the email below from Barry Yang on behalf of the "Si-Chuan" applicants (formerly known as "Sze-Chuan."). The name originally indicated to us by the applicants has been changed.

Feel free to include this within the communication jacket.

Steve Schaer, AICP

Manager of Planning & Zoning

Development Department - Planning & Zoning Division | City of West Allis

7525 W. Greenfield Ave. | West Allis, WI 53214 Office: 414-302-8466 | Dept: 414-302-8460

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From: Barry Yang [mailto:byang.architect@gmail.com]

Sent: Wednesday, October 26, 2016 1:33 PM

To: Bart Griepentrog

Cc: qingjiemo@yahoo.com; winnie liang; US-dave rehfeld; Barry Yang

Subject: Re: Sze Chuan Cuisine

Thanks for your effort, Bart. Dave will attend the meeting on 11/9. The following information is provided for your use.

(1) The restaurant will be operated as follows.

Monday-Thursday 10:30am-9:30pm Friday-Saturday 10:30am-10:00pm Sunday 11:00am-9:00pm

- (2) dine-in customers (50%) & carry-out+delivery (50%)
- (3) This restaurant owner is the proprietor & it is the client's first restaurant. (It is not part of the any franchise.)
- (4) The restaurant owner plans to apply for a liquor license to sell Beer (but doesn't plan to sell alcohol).
- p.s.: The name has to be changed from "Sze-Chuan Cuisine" to "Si-Chuan Restaurant," because the previous name has be registered in USA by other restaurant owner in Chicago. (The new name will be shown at the sign-application documents.) Feel free to contact me through emails with any further questions you may have.

Barry

| | www.combern |
|--|------------------------------|
| On Wed, Oct 26, 2016 at 12:05 PM, Bart Griepentrog < bgriepentrog@westal | liswi.gov> wrote: |
| Hi Barry, | |
| | |
| I just wanted to pass along that the Plan Commission meeting to discuss Sze C for Wednesday, November 9 at 6:00 pm here at City Hall. (I understand you v cc'd your project colleagues.) | |
| | |
| I do have a few quick questions regarding the business operations that I wondanswer: | der if someone can help me |
| | |
| What are the proposed hours of operation and days of the week for the resta | urant? |
| Will it be dine-in only, or will carry-out or delivery be available, as well? | |
| Will It be differit of hy, of will carry-out of delivery be available, as well? | * |
| Is this a new restaurant for the proprietor, or is it being relocated or perhaps ex from elsewhere? | xpanded as a second location |
| | |
| This information will help me to fill in the project description for the Plan Comm more questions we can answer up front, the less chance of lengthy discussion | |
| | |
| Thanks, | |
| Bart | |



Bart Griepentrog, AICP

Planner II

Development Department - Planning & Zoning Division | City of West Allis

7525 W. Greenfield Ave. | West Allis, WI 53214

Office: 414-302-8469 | Dept: 414-302-8460

Notify Me Sign-Up