



# City of West Allis

## Matter Summary

7525 W. Greenfield Ave.  
West Allis, WI 53214

File Number

Title

Status

2007-0090

Special Use Permit

In Committee

Special Use Permit for a proposed addition to Rogers Memorial Hospital located at 11101 W. Lincoln Ave. (Tax Key No. 484-9999-017)

Introduced: 2/20/2007

Controlling Body: Safety & Development Committee

**Plan Commission**

### COMMITTEE RECOMMENDATION

*File*

ACTION  
DATE:

*4/3/07*

MOVER

SECONDER

Barczak  
Czaplewski  
Dobrowski  
Kopplin  
Lajsic  
Narlock  
Reinke  
Sengstock  
Vitale  
Weigel

AYE

NO

PRESENT

EXCUSED

TOTAL

*5*

*0*

SIGNATURE OF COMMITTEE MEMBER

Chair

Vice-Chair

Member

### PLACE ON FILE

COMMON COUNCIL ACTION

ACTION  
DATE:

*APR 03 2007*

MOVER

SECONDER

Barczak  
Czaplewski  
Dobrowski  
Kopplin  
Lajsic  
Narlock  
Reinke  
Sengstock  
Vitale  
Weigel

AYE

NO

PRESENT

EXCUSED

TOTAL

*10*

*0*

## 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 John BLAKE  
Company Rogers Memorial Hospital  
Address 11101 W Lincoln Ave  
City West Allis State WI Zip 53227  
Daytime Phone Number 414-327-3000  
E-mail Address jblake@rogershospital.org  
Fax Number 414-327-6045  
Project Name/New Company Name (If applicable) \_\_\_\_\_

Agent Address will be used for all official correspondence.

### Property Information

Property Address 11101 W Lincoln Ave  
Tax Key Number \_\_\_\_\_  
Current Zoning \_\_\_\_\_  
Property Owner Rogers Memorial Hospital  
Property Owner's Address 11101 W Lincoln Ave  
West Allis, WI 53227  
Existing Use of Property Hospital  
Structure Size \_\_\_\_\_ Addition \_\_\_\_\_  
Construction Cost Estimate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Total \_\_\_\_\_  
Landscaping Cost Estimate \_\_\_\_\_  
Total Project Cost Estimate: 5,000,000  
Previous Occupant \_\_\_\_\_

### Agent is Representing (Owner/Leasee)

Name Rogers Memorial Hospital  
Company \_\_\_\_\_  
Address 11101 W Lincoln Ave  
City West Allis State WI Zip 53227  
Daytime Phone Number 414-327-3000  
E-mail Address jblake@rogershospital.org  
Fax Number 414-327-6045

### 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
- ☐ 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

### 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 first Friday of the month.

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: 2/2/2007

Subscribed and sworn to me this

2 day of February, 20 07

Notary Public: Jessica L. Dolacki

My Commission: 11-23-08

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: \_\_\_\_\_



7525 West Greenfield Avenue  
West Allis, Wisconsin 53214-4648



**CITY CLERK/TREASURER'S OFFICE**

414/302-8200 or 414/302-8207 (Fax)

[www.ci.west-allis.wi.us](http://www.ci.west-allis.wi.us)

**Paul M. Ziehler**

*City Admin. Officer, Clerk/Treasurer*

**Monica Schultz**

*Assistant City Clerk*

**Rosemary West**

*Treasurer's Office Supervisor*

April 5, 2007

Rogers Memorial Hospital  
John Blake  
11101 W. Lincoln Ave.  
West Allis, WI 53227

Dear Mr. Blake:

On April 3, 2007 the Common Council approved a Resolution relative to determination of Special Use Permit for a proposed addition to Rogers Memorial Hospital located at 11101 W. Lincoln Ave.

A copy of Resolution No. R-2007-0087 is enclosed.

Sincerely,

Monica Schultz  
Assistant City Clerk

/amn

enc.

cc: John Stibal  
Ted Atkinson  
Steve Schaer  
Barb Burkee