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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2010-0228 Special Use Permit Introduced

Special Use Permit for ^{Shamrox} ~~Shamrocks~~, a proposed tavern with an outdoor deck to be located at 6851 W. Beloit Rd.

Introduced: 4/20/2010

Controlling Body: Safety & Development Committee

Plan Commission

License + Health Committee

COMMITTEE RECOMMENDATION

place on file

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak		X		
			Czaplewski	X			
<i>7/6/10</i>	<i>[Signature]</i>	<i>[Signature]</i>	Kopplin	✓			
			Lajsic	✓			
	<i>[Signature]</i>	<i>[Signature]</i>	Narlock	✓			
			Reinke	✓			
		X	Roadt		X		
	X		Sengstock		X		
			Vitale				
			Weigel				
			TOTAL	<i>4</i>	<i>1</i>		

SIGNATURE OF COMMITTEE MEMBER

[Signature] Chair Vice-Chair Member

COMMON COUNCIL ACTION

PLACE ON FILE

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

JUL 06 2010

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 RODERICK M. TAYLOR
 Company RMT-A
 Address 3125 S. CALIFORNIA ST.
 City MILWAUKEE State WI Zip 53207
 Daytime Phone Number 414 747-1141
 E-mail Address RMTA.RODGE@GMAIL.COM
 Fax Number _____
 Project Name/New Company Name (If applicable) _____
Shamrock's

Name MARK HOLBERT
 Company SPORTS MEDICINE II LLC
 Address ~~711~~ 2312 S BROOKLAND DR
 City NEW BERLIN State WI Zip 53151
 Daytime Phone Number 414 645-4545
 E-mail Address _____
 Fax Number 262 641-2997

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

Agent Address will be used for all official correspondence.

Property Information

Property Address 6851 W BELLOIT RD
 Tax Key Number 489-0072-000
 Current Zoning commercial / Residential
 Property Owner MARK HOLBERT
 Property Owner's Address 2312 S. BROOKLAND DR.
NEW BERLIN, WI 53151
 Existing Use of Property Tavern
 Structure Size _____ Addition 235 S.F.
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate _____
 Total Project Cost Estimate: \$50,000
 Previous Occupant TAYLOR

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
- Certified Survey Map
- Landscaping/Screening Plan
- Grading Plan
- Utility System Plan
- Other _____

Applicant or Agent Signature *[Signature]* Date: 2-22-10

Subscribed and sworn to me this 22 day of February, 20 10

Notary Public: *[Signature]*
 My Commission: Permanent

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: _____