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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2003-0321	Special Use Permit	In Committee
Special Use application submitted by Ramco-Gershenson, Inc. on behalf of Capital Fitness, Inc. to establish a health club facility at the West Allis Towne Centre within the former Builder Square located at 6740 W. Greenfield Ave.		
Introduced: 5/20/2003		Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION place on file

MOVER: NARLOCK AYES 5 NOES 0

SECONDER: WEIGEL EXCUSED _____

COMMITTEE ACTION DATE July 1, 2003

SIGNATURES OF COMMITTEE MEMBERS

[Signature]
Chair

Vice-Chair

COMMON COUNCIL ACTION Placed on file

FINAL ACTION DATE 7-1-03

MOVER:
Lajsic

SECONDER:
Narlock

	AYE	NO
1. Barczak	<input checked="" type="checkbox"/>	_____
2. Czaplewski	<input checked="" type="checkbox"/>	_____
3. Kopplin	<input checked="" type="checkbox"/>	_____
4. Lajsic	<input checked="" type="checkbox"/>	_____
5. Murphy	_____	_____
6. Narlock	<input checked="" type="checkbox"/>	_____
7. Reinke	<input checked="" type="checkbox"/>	_____
8. Sengstock	<input checked="" type="checkbox"/>	_____
9. Trudell	<input checked="" type="checkbox"/>	_____
10. Vitale	<u>ex</u>	_____
<u>Weigel</u>	<input checked="" 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 Chuck Bludworth
Company Ramco-Gershenson, Inc.
Address 27600 Northwestern Hwy, Ste 200
City Southfield State MI Zip 48034
Daytime Phone Number 248-350-9900
Project Name/Now Company Name (if applicable)
West Allis Towne Center

Agent is Representing (Owner/Leasee)
Name Joe Whiteside
Company CAPITAL FITNESS, INC.
Address 47W 210 Rte. 30
City Big Rock State IL Zip 60511
Daytime Phone Number 630.556.3731

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.

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: \$500.00
- Subdivision Plats: \$125.00 + \$100.00 County Treasurer + \$25.00 for reapproval
- Sign: Permit For _____
- Conceptual Project Review _____
- Street or Alley Vacation: \$250.00
- Board of Appeals: \$100.00

Property Information
Property Address 6740 Greenfield Road
Tax Key Number 38-3375328
Current Zoning C-3
Property Owner Ramco Properties Assoc., Limited Partnership
Property Owner's Address 27600 Northwestern Hwy, Southfield, MI
Existing Use of Property Retail Commercial

Lot Size Approx. 23.474 Acres
Structure Size 80,000 SF Addition _____
Development cost estimate \$4,000,000
Landscaping cost estimate \$36,895

For multi-tenant buildings, area occupied 329,614 Gross Leasable Area
Previous Occupant Builders Square

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)

Landscape and lighting upgrade along with interior and exterior modification of the Major C building for use as a Health Club.

CITY CLERK REMIT
Special Use Permit REMIT \$300.00
DM0503001584001 5/07/03 PAID
PAYOR: CAPITAL FITNESS INC.

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 Chuck Bludworth Date: 5-2-03

Subscribed and sworn to me this 20 day of May 2003
Notary Public: Denise Frances Cook
My Commission: DENISE FRANCES COOK
NOTARY PUBLIC OAKLAND CO., MI
Please make checks payable to: City of West Allis
APR 26 2007

Please do not write in this box

Application Accepted and Authorized by: _____

Date: _____

Meeting Date: _____

Total Fee: _____