

City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number

Title

Status

2010-0569

Special Use Permit

Special Use Permit for Robert Thomas Jr. African Methodist Episcopal Church, a proposed religious institution to be located at 5433 W. Burnham St.

Introduced: 9/21/2010

Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE	RECOMM	ENDATION _		FIL	a		
ACTION DATE:	MOVER	SECONDER	Barczak Czaplewski Kopplin Lajsic Narlock Reinke Roadt Sengstock Vitale Weigel	AYE	NO	PRESENT	EXCUSED
SIGNATURE O Chair Common Co	24	Vice-0	Chair	ON FILE	Memb		
ACTION DATE: OCT 1 9 2010	MOVER	SECONDER	Barczak Czaplewski Kopplin Lajsic Narlock Reinke Roadt Sengstock Vitale Weigel TOTAL	AYE	NO	PRESENT	EXCUSED

STANDING COMMITTEES OF THE CITY OF WEST ALLIS COMMON COUNCIL

ADMINISTRATION & FINANCE

PUBLIC WORKS

SAFETY & DEVELOPMENT

Chair: Kurt E. Kopplin Vice-Chair: Vincent Vitale

Thomas G. Lajsic Richard F. Narlock Rosalic L. Reinke Chair: Gary T. Barczak Vice-Chair: Martin J. Weigel Michael J. Czaplewski Daniel J. Roadt

James W. Sengstock

Chair: Thomas G. Lajsic Vice-Chair: Richard F. Narlock Kurt E. Kopplin Rosalie L. Reinke Vincent Vitale

LICENSE & HEALTH

Chair: Michael J. Czaplewski Vice-Chair: James W. Sengstock

Gary T. Barczak Daniel J. Roadt Martin J. Weigel

ADVISORY

Chair: Rosalie L. Reinke Vice-Chair: Daniel J. Roadt

Kurt E. Kopplin Richard F. Narlock Vincent Vitale

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 (Tenant/Owner)				
Name lichele Clack	Name Grenda to Hemstrong				
Company Robert Thomas de Methodist EASCapal Chi	usdrompany Century ZI Afficiated				
Address P.O. BOX 12800	Address 2301 Sun Valley De Suite 100				
city Milwaukee State WI zip 53212	City Delafield State WI Zip 53018				
Daytime Phone Number 414-526-6576	Daytime Phone Number 414-788-1780				
E-mail Address Clark, Michele & Slocalded le	E-mail Address bacim strong amsn. com				
Fax Number	Fax Number				
Project Name/New Company Name (If applicable)	Application Type and Fee (Check all that apply)				
Agent Address will be used for all offical correspondence.	Special Use: \$500.00 (Public Hearing Required)				
Property Information	Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)				
Property Address 5433 W Burn ham Tax Key Number 474 - 0019 - 001	Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)				
Tax Key Number 4 14 - 0019 - 001 Current Zoning C-2	Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)				
Property Owner Kobert Thomas La Methodist	☐ Site, Landscaping, Architectural Plan Amendments \$100.00				
Property Owner's Address V.O.130X 12800	Extension of Time: \$250.00				
	☐ Signage Plan Review \$100.00				
Existing Use of Property	☐ Signage Plan Appeal: \$100.00				
Total Project Cost Estimate:	Request for Rezoning: \$500.00 (Public Hearing required)				
Previous Occupant WISCOR C.Y NOW Landmark,	Existing Zoning: Proposed Zoning:				
CU.	Request for Ordinance Amendment \$500.00				
	☐ Planned Development District \$1500.00(Public Hearing Required)				
	Subdivision Plats: \$1700.00				
In order to be placed on the Plan Commission	Certified Survey Map: \$600.00				
agenda, the Department of Development MUST	☐ Certified Survey Map Re-approval: \$50.00				
receive the following by the last Friday of the month,	☐ Street or Alley Vacation/Dedication: \$500.00				
prior to the month of the Plan Commission meeting.	☐ Transitional Use \$500.00 (Public Hearing Required)				
(Check boxes next to each listed item):	Attached Plans Include: (Application is incomplete without required				
☐ Completed Application	plans, see handout for requirements)				
☐ Appropriate Fees	☐ Site/Landscaping/Screening Plan				
Project Description	☐ Floor Plans				
6 Sets of folded and stapled plans (24" x 36")	☐ Elevations				
1 Electronic copy of plans (PDF format)	☐ Signage Plan				
☐ Total Project Cost Estimate	Certified Survey Map				
	Other				
Applicant or Agent Signature	Date: 7-28-2010				
Subscribed and sworn to me this					
2 2 4 day of 5 2 , 20 10	A MANAGER				
Da Olic I	Riease make checks payable to:				
Notary Public:	state of WicCity Of West Allis				

Oper; GNRCDEV Type: OC Drawer: 1
Date: 9/24/10 01 Receipt no: 85205
GH DEV SPECIAL to 1 \$500.00
METHODIST CHURCH 55 AND B
CK CHECK PA \$056 \$500.00
Total tendered \$500.00

Trans date: 9/13/10 Time: 12:38:35

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Trans date: 9/14/10 Time: 13:51:48