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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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2004-0219 Communication In Committee

Site, landscaping and architectural demonstration grant for proposed site improvements and exterior building enhancements to property located at 6233-35-37 W. National Ave. plans submitted by Architects Planners on behalf of Dan McGuire owner.

Introduced: 5/4/2004

Controlling Body: Safety & Development Committee
Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>5/7/04</u>			Barczak	✓			
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic	✓			
	✓		Narlock				
			Reinke	✓			
			Sengstock				
			Vitale	✓			
		✓	Weigel	✓			
			TOTAL	<u>5</u>	<u>0</u>		

SIGNATURE OF COMMITTEE MEMBER

[Signature] _____ _____
 Chair Vice-Chair Member

COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>MAY 04 2004</u>			Barczak	✓			
			Czaplewski	✓			
			Dobrowski	✓			
	✓		Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
		✓	Vitale	✓			
			Weigel	✓			
			TOTAL	<u>10</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 DONALD KURKOWSKI
Company ARCHITECTS/PLANNERS
Address 1545 S. 84TH ST.
City WEST ALLIS State WI Zip 53214
Daytime Phone Number 414.258.9995
E-mail Address _____
Fax Number 414.258.7611
Project Name/New Company Name (if applicable) _____

Agent is Representing (Owner/Leasee)

Name DAN McGUIRE
Company McGUIRE'S
Address 6235 W. NATIONAL
City WEST ALLIS State WI Zip 53214
Daytime Phone Number 903-2002
E-mail Address _____
Fax Number _____

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
- 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
- Sign: Permit Fee _____
- Conceptual Project Review _____
- Street or Alley Vacation: \$500.00
- Board of Appeals: \$100.00

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.

Property Information

Property Address 6237 W. NATIONAL
Tax Key Number _____
Current Zoning _____
Property Owner DAN McGUIRE
Property Owner's Address 6235 W. NATIONAL
WEST ALLIS, WI 53214
Existing Use of Property BAR, ARTS & RETAIL STORE
Lot Size _____
Structure Size _____ Addition _____
Construction Cost Estimate: Hard _____ Soft _____ Total _____
Landscaping Cost Estimate _____
Total Project Cost Estimate: _____
For Multi-tenant Buildings, Area Occupied _____
Previous Occupant _____

Attach legal description for Rezoning, Conditional Use or Planned Development District (PDD).

Attach detailed description of proposal.

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 _____

X Applicant or Agent Signature [Signature] Date: 4-2-04

Subscribed and sworn to me this 13 day of April, 20 04

Notary Public: [Signature]
My Commission: 4-16-04

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: _____