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City of West Allis

Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2004-0486	Certified Survey Map	In Committee
Certified Survey Map for property located at 1512 S. 77 St., Apostle Presbyterian Church, submitted by Douglas L. Ferguson, Apostle Presbyterian Church.		
Introduced: 8/3/2004		Controlling Body: Safety & Development Committee PLAN COMMISSION

COMMITTEE RECOMMENDATION

APPROVED FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>8/3/04</u>			Barczak	✓			
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic	✓			
	✓		Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
		✓	Vitale	✓			
			Weigel	✓			
			TOTAL	5	1		

SIGNATURE OF COMMITTEE MEMBER

[Signature] _____
Chair Vice-Chair Member

COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>AUG 03 2004</u>		✓	Barczak	✓			
			Czaplewski	✓			
			Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	10	1		

Planning Application Form

City of West Allis n 7525 West Greenfield Avenue, West Allis, Wisconsin 53214
414/302-8460 n 414/302-8401 (Fax) n http://www.ci.west-allis.wi.us

Applicant or Agent for Applicant

Name Douglas L Ferguson
Company APOSTLE PRESBYTERIAN
Address 15525 79 ST
City WEST ALLIS State WI Zip 53214
Daytime Phone Number (414) 476-1973 (after 1 PM)
E-mail Address _____
Fax Number _____
Project Name/New Company Name (If applicable) OUTLOT for church parking

☒ 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 1512 S 77 ST
Tax Key Number 452-0106-002,001
Current Zoning PRESIDENTIAL
Property Owner APOSTLE PRESBYTERIAN
Property Owner's Address 1509 S 76 ST
WEST ALLIS WI 53214
Existing Use of Property PARKING
Lot Size 120' X 90'
Structure Size _____ Addition _____
Construction Cost Estimate: Hard _____ Soft _____ Total _____
Landscaping Cost Estimate \$700 - 3000
Total Project Cost Estimate: _____
For Multi-tenant Buildings, Area Occupied _____
Previous Occupant _____

Agent is Representing (Owner/Leasee)

Name APOSTLE PRESBYTERIAN CHURCH
Company SAME
Address 1509 S 76 ST
City WEST ALLIS State WI Zip 53214
Daytime Phone Number (414) 476-2043
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

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 _____

Applicant or Agent Signature Douglas L Ferguson

Date: 7/9/04

Subscribed and sworn to me this 9th day of July, 20 04

Notary Public: Jane Schilling
My Commission: 9-12-04

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: _____