

53.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2009-0075 Special Use Permit In Committee

Special Use Permit to establish Jing Well Acupuncture and Natural Medicine Spa, to be located within a portion of the multi-tenant commercial building located at 8410 W. Cleveland Ave. (Tax Key No. 487-0250-002)

Introduced: 2/3/2009

Controlling Body: Safety & Development Committee
Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>2/3/09</u>			Barczak				
			Czaplewski				
		✓	Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
	✓		Reinke	✓			
			Roadt				
			Sengstock				
			Vitale				
			Weigel				✓
			TOTAL	4	-		1

SIGNATURE OF COMMITTEE MEMBER

Chair

Vice-Chair

Member

PLACE ON FILE

COMMON COUNCIL ACTION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>FEB 03 2009</u>			Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
		✓	Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale				
			Weigel	✓			✓
			TOTAL	9	-		1

file # 317

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 JOSEPH H. CANNARIATO
Company JING WELL ACUPUNCTURE
Address 8410 W CLEVELAND AVE, STE 203
City WEST ALLIS State WI Zip 53227
Daytime Phone Number 414 545 6690
E-mail Address jingwellwi@gmail.com
Fax Number 609-784-7155
Project Name/New Company Name (If applicable) Jing Well
ACUPUNCTURE & Natural Medicine

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone Number _____
E-mail Address _____
Fax Number _____

Agent Address will be used for all official correspondence.

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

Property Information

Property Address 8410 W CLEVELAND AVE, STE 203
Tax Key Number 487-0250-002
Current Zoning C-2
Property Owner RUSS VOLLMER
Property Owner's Address 8410 W CLEVELAND AVE

Existing Use of Property OFFICE SPACE FOR VARIOUS
BUSINESSES, DENTIST, MASSAGE THERAPIST
Structure Size 670 Sq Ft Addition N/A
Construction Cost Estimate: Hard 0 Soft 0 Total 0
Landscaping Cost Estimate N/A
Total Project Cost Estimate: N/A
Previous Occupant IT firm

*** 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: 12/31/08

Subscribed and sworn to me this 31 day of DECEMBER 2008
Notary Public: [Signature]
My Commission: 10/10/2008



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: _____