



# City of West Allis

## Matter Summary

7525 W. Greenfield Ave.  
West Allis, WI 53214

File Number	Title	Status
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2009-0606      Special Use Permit      Introduced

Special Use for proposed expansion of Don's Auto Body, an auto repair facility located at 2201 S. 116 St

Introduced: 9/15/2009

Controlling Body: Safety & Development Committee

**Plan Commission**

### COMMITTEE RECOMMENDATION

*File*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
<i>10/6/09</i>			Kopplin	✓			
			Lajsic	✓			
	✓		Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
		✓	Vitale	✓			
			Weigel				

TOTAL      5   0

### SIGNATURE OF COMMITTEE MEMBER

*[Signature]*  
Chair

Vice-Chair

Member

### COMMON COUNCIL ACTION

**PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak	✓			
			Czaplewski	✓			
<i>OCT 06 2009</i>			Kopplin	✓			
	✓		Lajsic	✓			
		✓	Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			

TOTAL      10

## 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 Dan Smith  
 Company Lehmann Moesch Construction, Wc.  
 Address 16530 W Rogers Drive  
 City New Berlin State WI Zip 53151  
 Daytime Phone Number 262-784-3444  
 E-mail Address Dan@LMCbuilders.com  
 Fax Number 262-784-3392  
 Project Name/New Company Name (if applicable) Don's Autobody

Name Don & Mary Eichelberger  
 Company Don's Autobody  
 Address 2201 S 116th Street  
 City West Allis State WI Zip 53227  
 Daytime Phone Number 414-541-5155  
 E-mail Address ddonsautobody@wi.rc.com  
 Fax Number 414-541-4343

**Agent Address will be used for all official correspondence.**

**Property Information**

Property Address 2201 S 116th Street  
 Tax Key Number \_\_\_\_\_  
 Current Zoning \_\_\_\_\_  
 Property Owner Don & Mary Eichelberger  
 Property Owner's Address 1170 S James Court  
Brookfield, WI 53005-7193  
 Existing Use of Property Autobody Shop  
 Structure Size 4807 SF Addition 4,900 SF  
 Construction Cost Estimate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Total \_\_\_\_\_  
 Landscaping Cost Estimate \_\_\_\_\_  
 Total Project Cost Estimate: \_\_\_\_\_  
 Previous Occupant Don's Autobody

**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

**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)

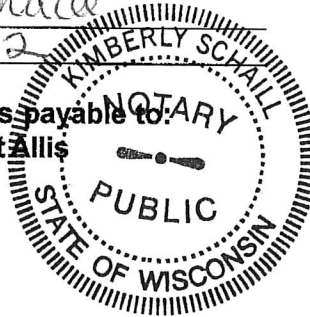
- Site Plan   
  Floor Plans   
  Elevations   
  Signage Plan   
  Legal Description   
  Certified Survey Map  
 Landscaping/Screening Plan   
  Grading Plan   
  Utility System Plan   
  Other \_\_\_\_\_

**Applicant or Agent Signature** Daniel Smith **Date:** 8-24-09

Subscribed and sworn to me this 2nd day of September, 2009

Notary Public: Kimberly Schall  
 My Commission: 10/28/2012

**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: \_\_\_\_\_