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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

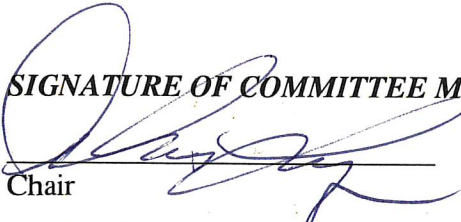
File Number	Title	Status
2009-0629	Special Use Permit	Introduced
	Special Use Permit for Hawg City Grill, a proposed restaurant and catering facility at 5935 W. Beloit Rd.	
	Introduced: 10/6/2009	Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
<i>10/30/09</i>			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
	✓		Vitale	✓			
			Weigel				
			TOTAL	<i>5</i>	<i>0</i>		

SIGNATURE OF COMMITTEE MEMBER

 _____ Chair
 _____ Vice-Chair
 _____ Member

COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<i>OCT 20 2009</i>			Barczak				✓
			Czaplewski	✓			
	✓		Kopplin	✓			
			Lajsic	✓			
		✓	Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<i>9</i>			<i>1</i>

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 Michael H. Kihlmuir
 Company Hawg City Grill LLC
 Address 4234 Pebble Beach Ct
 City Franklin State WI Zip 53132
 Daytime Phone Number 414 550 0842
 E-mail Address hawgcitygrill@yahoo.com
 Fax Number N/A
 Project Name/New Company Name (If applicable) Hawg City Grill Catering

Agent is Representing Owner Leasee

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

Agent Address will be used for all official correspondence.

Property Information

Property Address 5935 W. Beloit Rd
 Tax Key Number 455-0121-000
 Current Zoning C2 Neighborhood Commercial District
 Property Owner ROSA SCARDINA
 Property Owner's Address 576 W 12742 Cambridge Court EAST MUSKAGO WI 53150
 Existing Use of Property Vacant
 Structure Size _____ Addition _____
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate N/A
 Total Project Cost Estimate: _____
 Previous Occupant _____

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 Michael H. Kihlmuir **Date:** 8-26-09

Subscribed and sworn to me this 26 day of August, 2009

Notary Public: Doreen M. [Signature]
 My Commission: 412108

**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: _____