



City of West Allis

Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2009-0746	Special Use Permit	Introduced
	Special Use Permit for Expert Car Care, a proposed auto repair facility, to be located at 7801 W. Greenfield Ave.	
	Introduced: 11/17/2009	Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
<i>11/17/09</i>		<i>✓</i>	Kopplin	<i>✓</i>			
	<i>✓</i>		Lajsic	<i>✓</i>			
			Narlock	<i>✓</i>			
			Reinke	<i>✓</i>			
			Roadt				
			Sengstock				
			Vitale	<i>✓</i>			
			Weigel				
			TOTAL	<i>5</i>	<i>0</i>		

SIGNATURE OF COMMITTEE MEMBER

[Signature] _____
Chair Vice-Chair Member

COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak	<i>✓</i>			
			Czaplewski	<i>✓</i>			
<i>NOV 17 2009</i>	<i>✓</i>		Kopplin	<i>✓</i>			
			Lajsic	<i>✓</i>			
			Narlock	<i>✓</i>			
			Reinke	<i>✓</i>			
			Roadt	<i>✓</i>			
		<i>✓</i>	Sengstock	<i>✓</i>			
			Vitale	<i>✓</i>			
			Weigel	<i>✓</i>			
			TOTAL	<i>10</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

Agent is Representing Owner Leasee

Name Benjamin M Marjamaa
 Company EXPERT CAR CARE (pending)
 Address 3032 S Kenilworth Pl
 City MILWAUKEE State WI Zip 53202
 Daytime Phone Number 414-248-1468
 E-mail Address Marjamaa.915@yahoo.com
 Fax Number _____
 Project Name/New Company Name (if applicable) EXPERT CAR CARE

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 7801 W Greenfield Ave
 Tax Key Number _____
 Current Zoning _____
 Property Owner Paul Bourcaxis
 Property Owner's Address _____
 Existing Use of Property _____
 Structure Size _____ Addition _____
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate _____
 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  **Date:** 10-22-09

Subscribed and sworn to me this 22 day of October, 20 09

Notary Public: Barbara J. Burkee
 My Commission: Expires 9/25/11

**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: _____