

23
26



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2009-0747	Special Use Permit	Introduced
Special Use Permit for Sacude Fitness, a proposed dance studio to be located at 9413 W. Greenfield Ave.		
Introduced: 11/17/2009		Controlling Body: Safety & Development Committee
Plan Commission		

COMMITTEE RECOMMENDATION File

ACTION DATE:	MOVER	SECONDER	Barczak	AYE	NO	PRESENT	EXCUSED
				<u>12/15/09</u>	<input checked="" type="checkbox"/>		

Note
R-2009-0267
Plan Comm.
never approved
SUP.

SIGNATURE OF COMMITTEE MEMBER

Chair: [Signature] Vice-Chair: _____ Member: _____

COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>DEC 15 2009</u>	<input checked="" type="checkbox"/>		Barczak	<input checked="" type="checkbox"/>			
			Czaplewski	<input checked="" type="checkbox"/>			
			Kopplin	<input checked="" type="checkbox"/>			
			Lajsic	<input checked="" type="checkbox"/>			
			Narlock	<input checked="" type="checkbox"/>			
			Reinke	<input checked="" type="checkbox"/>			
			Roadt	<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	Sengstock	<input checked="" type="checkbox"/>			
			Vitale	<input checked="" type="checkbox"/>			
			Weigel	<input checked="" type="checkbox"/>			
			TOTAL	<u>10</u>			

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 Kathleen Barbian
Company Sacude Fitness
Address 8103 W Grant St, Upper
City West Allis State WI Zip 53219
Daytime Phone Number 414-429-1905
E-mail Address sacudefitness@yahoo.com
Fax Number _____
Project Name/New Company Name (If applicable) _____

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone Number _____
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
- 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

Agent Address will be used for all official correspondence.

Property Information

Property Address 9413 Studio 1 W. Greenfield Ave
Tax Key Number 450 002 2001
Current Zoning C-2
Property Owner Karen Schoenfeld
Property Owner's Address 2460 So Gray log Ln
New Berlin, WI 53151
Existing Use of Property Vacant - Was Archesque
Dance Studio
Structure Size 26' x 30' Addition _____
Construction Cost Estimate: Hard _____ Soft _____ Total _____
Landscaping Cost Estimate 0
* Total Project Cost Estimate: _____
Previous Occupant Archesque Dance Studio

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 Kathleen Barbian Date: 11/9/09

Subscribed and sworn to me this 9 day of November, 2009

Notary Public: [Signature]
My Commission: 4.11.10

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: _____

Sacude Fitness will be a dance/fitness studio where I will be instructing classes on Zumba, Zumba Gold, and Zumba Toning. I will have a few employees (up to 5) that will be teaching other classes such as Pilates, Yoga, N.I.A., Zumbatomic, Belly Dancing, with the possibility of adding Ballroom Dancing and Salsa Lessons. Our hours of operation could range from 6 a.m. to 9 p.m. depending on when a class is being instructed. The probable amount of participants will range from as little as 2 people to 12/15. Being that I am only using one studio there will only be one instructor per class.

If there is anything that I have forgotten in the above description, please let me know.

Thank you,

Kathleen Barbian
Owner
Sacude Fitness