



City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number

Title

Status

2007-0090

Special Use Permit

In Committee

Special Use Permit for a proposed addition to Rogers Memorial Hospital located at 11101 W.

Lincoln Ave. (Tax Key No. 484-9999-017)

Introduced: 2/20/2007

Controlling Body: Safety & Development Committee

Plan Commission

COMMITTEE	RECOMM	ENDATION _	F	La			
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1			Dobrowski				
4/3/07			Kopplin				
			Lajsic				
			Narlock				
			Reinke	/	-		
			Sengstock				
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STANDING COMMITTEES OF THE CITY OF WEST ALLIS COMMON COUNCIL 2004

ADMINISTRATION & FINANCE

PUBLIC WORKS

SAFETY & DEVELOPMENT

Chair: Michael J. Czaplewski Vice-Chair: Martin J. Weigel

Gary T. Barczak Thomas G. Lajsic Rosalie L. Reinke Chair: Richard F. Narlock Vice-Chair: Linda A. Dobrowski Kurt E. Kopplin

Vincent Vitale
James W. Sengstock

Chair: Thomas G. Lajsic Vice-Chair: Vincent Vitale

Gary T. Barczak Martin J. Weigel Rosalie L. Reinke

A PARKET

LICENSE & HEALTH

Chair: Kurt E. Kopplin

Vice-Chair: James W. Sengstock

Linda A. Dobrowski Richard F. Narlock Michael J. Czaplewski

ADVISORY

Chair: Rosalie L. Reinke Vice-Chair: Gary T. Barczak Linda A. Dobrowski Vincent Vitale Martin J. Weigel

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 John BLAKE	Name Rogers Memoriac Hospitac			
Company Rogers memorial Hospital	Company			
Address 11104 W LINCOLN AVE	Address 11101 W LINCOLN AVE			
City West Accis State W1 Zip 53227	City West Accis State W1 Zip 53227			
Daytime Phone Number 414-327-3000	Daytime Phone Number 4/4-327- 3006			
E-mail Address Jbake @ regers hosp: tal. 0/9	E-mail Address - 61a Ke @ rogersh ospital. org			
Fax Number 4/4-327-6045	Fax Number 414-327-6645			
Project Name/New Company Name (If applicable)	Application Type and Fee (Check all that apply)			
Agent Address will be used for all offical correspondence.	☐ Request for Rezoning: \$500.00 (Public Hearing required)			
Property Information	Existing Zoning: Proposed Zoning:			
Property Address 1101 W LINCOIN AVE	Request for Ordinance Amendment \$500.00			
Tax Key Number	Special Use: \$500.00 (Public Hearing required)			
	☐ Transitional Use \$500.00 (Public Hearing Required)			
Property Owner Rogens memorian Hospitan	Level 1 Site, Landscaping, Architectural Plan Review \$100.00			
Property Owner's Address 1101 W LINCOLA AVE	☐ Level 2 Site, Landscaping, Architectural Plan Review \$250.00			
West ALLIS WI 53227	Level 3 Site, Landscaping, Architectural Plan Review \$500.00			
Existing Use of Property Hospital	Site, Landscaping, Architectural Plan Amendments \$100.00			
Existing ose of Hopolty	Extension of Time: \$250.00			
Structure Size Addition	Certified Survey Map: \$500.00 + \$30.00 County Treasurer			
Construction Cost Estimate: HardSoft Total	☐ Planned Development District \$1500.00(Public Hearing required)			
Landscaping Cost Estimate	☐ Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for reapproval			
Total Project Cost Estimate: 5,000,000	Signage Plan Review \$100.00			
Previous Occupant	☐ Street or Alley Vacation/Dedication: \$500.00			
	☐ Signage Plan Appeal: \$100.00			
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In order to be placed on the Plan Commission agenda,				
completed application, appropriate fees, a project desc (24" x 36") and 1 electronic copy (PDF format) of the pla				
Attached Plans Include: (Application is incomplete without required plans,				
Site Plan AFloor Plans AElevations ASignage Plan	☐ Legal Description ☐ Certified Survey Map			
□ Landscaping/Screening Plan □ Grading Plan □ Utility System Plan	Other			
Applicant or Agent Signature	Date: 2/2/2007			
Subscribed and sworn to me this	,			
au day of February 20 07				
	Please do not write in this box			
Notary Public: Lesuca J. Islacki My Commission: 11-23-08	Application Accepted and Authorized by:			
My Commission: 11-23-08	24			
Please make checks payable to:	Date:			
	Meeting Date:			
City Of West Allis	Total Fee:			

| Deer: AMRCDEV | Type: OC Drawer: 1 | Date: 2009/07 01 Receipt no: 13839 | Date: 2009/07 01 Receipt no: 13839 | Date: 2009/07 01 Receipt no: 13839 | Date: 2009/07 | Date: 2009/07 | Date: 2009/07 | Date: 2009/07 | Date: 2009/09 | Date: 20





7525 West Greenfield Avenue West Allis, Wisconsin 53214-4648



CITY CLERK/TREASURER'S OFFICE

414/302-8200 or 414/302-8207 (Fax)

www.ci.west-allis.wi.us
Paul M. Ziehler
City Admin. Officer, Clerk/Treasurer
Monica Schultz
Assistant City Clerk
Rosemary West
Treasurer's Office Supervisor

April 5, 2007

Rogers Memorial Hospital John Blake 11101 W. Lincoln Ave. West Allis, WI 53227

Dear Mr. Blake:

On April 3, 2007 the Common Council approved a Resolution relative to determination of Special Use Permit for a proposed addition to Rogers Memorial Hospital located at 11101 W. Lincoln Ave.

A copy of Resolution No. R-2007-0087 is enclosed.

Sincerely,

Monica Schultz Assistant City Clerk

/amn enc.

cc:

John Stibal

Ted Atkinson Steve Schaer Barb Burkee