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# City of West Allis Matter Summary

7525 W. Greenfield Ave.  
West Allis, WI 53214

File Number	Title	Status
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2007-0122      Special Use Permit      In Committee

Special Use Application for a proposed health care training facility to be placed within the office center located at 1126 S. 70 St. (Tax Key No. 439-0001-026)

Introduced: 3/6/2007

Controlling Body: Safety & Development Committee

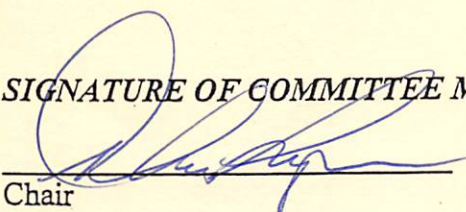
### Plan Commission

### COMMITTEE RECOMMENDATION

*File*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak	✓			
			Czaplewski				
			Dobrowski				
<u>4/3/07</u>			Kopplin				
			Lajsic	✓			
			Narlock				
	✓		Reinke	✓			
			Sengstock				
			Vitale	✓			
		✓	Weigel	✓			
			TOTAL	<u>5</u>	<u>0</u>		

### SIGNATURE OF COMMITTEE MEMBER



Chair

Vice-Chair

Member

### COMMON COUNCIL ACTION

**PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak	✓			
			Czaplewski	✓			
			Dobrowski	✓			
<u>APR 03 2007</u>			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
		✓	Vitale	✓			
			Weigel	✓			
			TOTAL	<u>10</u>	<u>0</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 Tatyana Saburkin  
 Company Allied Health Career Inst.  
 Address 1126 S 40th # N 202B  
 City West Allis State WI Zip 53219  
 Daytime Phone Number (414) 741-1127  
 E-mail Address Saburkin@netmao.com  
 Fax Number (414) 741-1153  
 Project Name/New Company Name (If applicable) \_\_\_\_\_

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 \_\_\_\_\_  
 Tax Key Number \_\_\_\_\_  
 Current Zoning \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 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 first Friday of the month.

**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 *Tatyana Saburkin* Date: 2.22.07

Subscribed and sworn to me this 22 day of February, 20 07  
 Notary Public: *[Signature]*  
 My Commission: 41110

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





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](http://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

Allied Healthcareer Institute  
Tatyana Saprykin  
1126 S. 70 St., #N202B  
West Allis, WI 53214

Dear Ms. Saprykin:

On April 3, 2007 the Common Council approved a Resolution relative to determination of Special Use Permit for a proposed health care training facility to be placed within the West Allis Center office complex, located at 1126 S. 70 St.

A copy of Resolution No. R-2007-0100 is enclosed.

Sincerely,

Monica Schultz  
Assistant City Clerk

/amn  
enc.

cc: John Stibal  
Ted Atkinson  
Steve Schaer  
Barb Burkee