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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2003-0119	Special Use Permit	In Committee
Special Use application submitted by Timothy Gotzion of 2020 Investments, LLC to construct/establish a Red Robin Restaurant at 111** W. National Ave. tax key number 520-9965-036.		
Introduced: 2/18/2003		Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION

File

MOVER: Runko AYES 5 NOES 0

SECONDER: Czaplewski EXCUSED _____

COMMITTEE ACTION DATE 11/04/03

SIGNATURES OF COMMITTEE MEMBERS

[Signature]
Chair

Vice-Chair

COMMON COUNCIL ACTION

Placed on file

FINAL ACTION DATE 11-4-03

MOVER:
Lajovic

SECONDER:
Reinke

	AYE	NO
1. Barczak	<input checked="" type="checkbox"/>	_____
2. Czaplewski	<input checked="" type="checkbox"/>	_____
3. Kopplin	<input checked="" type="checkbox"/>	_____
4. Lajovic	<input checked="" type="checkbox"/>	_____
5. Murphy	<input checked="" type="checkbox"/>	_____
6. Narlock	<input checked="" type="checkbox"/>	_____
7. Reinke	<input checked="" type="checkbox"/>	_____
8. Sengstock	<input checked="" type="checkbox"/>	_____
9. Trudell	<input checked="" type="checkbox"/>	_____
10. Vitale	<input checked="" type="checkbox"/>	_____
TOTAL	<u>9</u>	<u>0</u>

Copy Steve's 2-12-03

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 TIMOTHY W GOTZION
Company 2020 INVESTMENTS, LLC
Address 3109 COMMERCIAL AVE
City MADISON State WI Zip 53714
Daytime Phone Number 608-244-4678
Project Name/New Company Name (If applicable) RED ROBIN RESTAURANT

Check if the above is agent for applicant and complete Agent is Representing Section in upper right of form.

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 VACANT/PARKING LOT
Lot Size Approx 3.17 acres
Structure Size 7,300 sq ft Addition _____
Development cost estimate 850,000
Landscaping cost estimate 10,000
For multi-tenant buildings, area occupied _____
Previous Occupant _____

Attach legal description for Rezoning, Conditional Use or Planned Development District (PDD)

Description of Proposal

Details of proposal; plans of operation; hours of operation; frequency of deliveries to site; number of employees; description of any interior/ exterior modifications or additions to be made to property; frequency of customer visits; any outside storage (dumpsters, trucks, materials...); number of parking stalls; screening/buffer type; any other information available.
PLEASE EXPLAIN IN DETAIL (Attach additional pages if necessary)

Agent is Representing ^(Owner/Leasee)

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

Application Type and Fee

- Request for Rezoning: \$400.00 (Public Hearing required)
Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$400.00
- Special Use: \$300.00 (Public Hearing required)
- Site, Landscaping, Architectural Reviews
- Certified Survey Map: \$125.00 + \$12.25 for first page + \$3.00 for each additional page + \$30.00 County Treasurer
- Planned Development District (Public Hearing required)
 - Residential: \$500.00
 - Industrial/Commercial: \$500.00
- Subdivision Plats: \$125.00 + \$100.00 County Treasurer + \$25.00 for reapproval
- Sign: Permit Fee _____
- Conceptual Project Review _____
- Street or Alley Vacation: \$250.00
- Board of Appeals: \$100.00

CITY CLERK REMIT
Special Use Permit REMIT \$300.00
DM0503000566001 2/12/03 PAID
PAYOR: MINNESOTA ROBINS, INC.

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 [Signature] Date: 2/12/03

Subscribed and sworn to me this 12 day of February, 2003

Notary Public: [Signature]
My Commission: 416 06

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: _____