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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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2009-0664 Special Use Permit Introduced

Special Use Permit for proposed Angel From Above Daycare facility to be located within the existing mixed use building at 7732 W. National Ave.

Introduced: 10/20/2009

Controlling Body: Safety & Development Committee

### Plan Commission

### COMMITTEE RECOMMENDATION

*File*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
<i>6/15/10</i>			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
	✓		Reinke	✓			
			Roadt				
			Sengstock				
		✓	Vitale	✓			
			Weigel				
			TOTAL	<i>5</i>	<i>0</i>		

### SIGNATURE OF COMMITTEE MEMBER


Vice-Chair
Member

### COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak	✓			
			Czaplewski	✓			
<i>JUN 15 2010</i>	✓		Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
		✓	Vitale	✓			
			Weigel	✓			
			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

Name LAKESHA Tatum  
 Company Angel From Above C.O.C.  
 Address 7732 W. NATIONAL AVE.  
 City West Allis State WI Zip 53214  
 Daytime Phone Number (414) 358-3035  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Project Name/New Company Name (If applicable) \_\_\_\_\_

### Agent is Representing (Owner/Leasee)

Name Lakesha Tatum  
 Company \_\_\_\_\_  
 Address 7924 W. Greentree Rd  
 City Milwaukee State WI Zip 53223  
 Daytime Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_

**Agent Address will be used for all official correspondence.**

### Property Information

Property Address 7732 W. NATIONAL AVE  
 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

*Hours  
# of children  
# of employees*

**\*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** Lakesha Tatum      **Date:** MAR. 17, 2009

Subscribed and sworn to me this  
15 day of Sept., 2009

Notary Public: Barbara J. Burkee  
 My Commission: 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: \_\_\_\_\_