

City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number		Title Status					
2009-0417		Special Use Permit Introduced					
		Special Use Perm located at 1700 S.	it for proposed I 60 St. (Tax Ke	Blessed Generati y No. 454-0030-	ons Child Educ -000)	ational Center d	aycare, to be
		Introduced: 6/16/2				Safety & Develop	ment Committee
			Plan Commission				
COMMITTEE R	ECOMN	MENDATION _	FILE				
	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
ACTION			Barczak				
DATE:			Czaplewski				
7/1/2 -			Kopplin				
1/1/09 -	-		Lajsic Narlock				
-			Reinke				
-			Roadt				
			Sengstock				
			Vitale				
			Weigel				
			TOTAL	4			
SIGNATURE OF	COMM	TTEEMEMDE	D	2 1 53	21		
SIGNATURE OF	COMMI	TIEE MEMBE	A		ali bar		
Chair	1	Vice-	Chair		Membe	er	
COMMON COU	NCH A	CTION	PLAC	E ON FIL	E		
COMMON COU	NCIL A	erion					
ACTION	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
ACTION –			Barczak	V			
0000 W			Czaplewski	/		1. 1	
UL 07 2009	/	77.59	Kopplin	V	5-3-2		
1	V		Lajsic Narlock		712	the Land Park	94,
TWIST A.		1/1	Reinke	~		20' 4, 1	
_			Roadt				7
			- LUMBE		The second secon		
C Transverse	4					1 2 2 4 C 2 3	30° . K.
C Video Company	9 1.		Sengstock Vitale		**	10 3 2 4 1 7 3 5 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

TOTAL

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 Brandy Shelley	Name			
	Company			
· · · · · · · · · · · · · · · · · · ·	Address			
1	City State Zip			
Daytime Phone Number 414 · 358 · 2273, cell - 414 · 598 · 5092	White the second of the second			
	E-mail Address			
•	Fax Number			
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 1700 S. 604h St.	Request for Ordinance Amendment \$500.00			
	Special Use: \$500.00 (Public Hearing required)			
Tax Key Number	☐ Transitional Use \$500.00 (Public Hearing Required)			
Current Zoning	☐ Level 1 Site, Landscaping, Architectural Plan Review \$100.00			
Property Owner <u>George</u> Savat	Level 2 Site, Landscaping, Architectural Plan Review \$250.00			
Property Owner's Address	☐ Level 3 Site, Landscaping, Architectural Plan Review \$500.00			
	☐ Site, Landscaping, Architectural Plan Amendments \$100.00			
Existing Use of Property Vacant	Extension of Time: \$250.00			
	☐ Certified Survey Map: \$500.00 + \$30.00 County Treasurer			
Structure Size Addition	☐ Planned Development District \$1500.00(Public Hearing required)			
Construction Cost Estimate: Hard Soft Total	☐ Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for			
Landscaping Cost Estimate	reapproval			
Landscaping Cost Estimate Total Project Cost Estimate: Landscaping Cost	☐ Signage Plan Review \$100.00			
	☐ Street or Alley Vacation/Dedication: \$500.00			
	☐ Signage Plan Appeal: \$100.00			
Attach detailed desc	ription of proposal.			
In order to be placed on the Plan Commission agenda, a completed application, appropriate fees, a project descr (24" x 36") and 1 electronic copy (PDF format) of the plan of the Plan Commission meeting.	iption, 6 sets of scaled, folded and stapled plans ns by the last Friday of the month, prior to the month			
Attached Plans Include: (Application is incomplete without required plans, s				
☐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 grandy R. The Subscribed and sworn to me this	Date: 5.28.09			
day of May , 20 09	Diagon do mot write in this how			
Notary Public Brothers a. Burker	Please do not write in this box			
	Application Accepted and Authorized by:			
My Commission: 9-25-11				
	. D. J.			
Please make checks navable to:	Date:			
Please make checks payable to: City Of West Allis	Date: Meeting Date: Total Fee:			