



# City of West Allis

## Matter Summary

7525 W. Greenfield Ave.  
West Allis, WI 53214

File Number	Title	Status
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2004-0418 Special Use Permit In Committee

Special use application submitted by Ralph Fleege owner for an expansion of the existing commercial/tavern use within the existing mixed use property located at 6540 W. Grant St., 2190 S. 66 St. (tax key 475-0131-000).

Introduced: 6/15/2004

Controlling Body: Safety & Development Committee  
Plan Commission

### COMMITTEE RECOMMENDATION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>8/3/04</u>			Barczak	✓			
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic	✓			
			Narlock				
			Reinke	✓			
			Sengstock				
		✓	Vitale	✓			
	✓		Weigel	✓			
			TOTAL	<u>5</u>	<u>1</u>		

### SIGNATURE OF COMMITTEE MEMBER

Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_ Member \_\_\_\_\_

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

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>AUG 03 2004</u>		✓	Barczak	✓			
			Czaplewski	✓			
			Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>10</u>	<u>1</u>		



## Planning Application Form

City of West Allis n 7525 West Greenfield Avenue, West Allis, Wisconsin 53214  
414/302-8460 n 414/302-8401 (Fax) n http://www.ci.west-allis.wi.us

### Applicant or Agent for Applicant

Name Ralph Fleege  
Company \_\_\_\_\_  
Address 3506 W. National Ave.  
City Milwaukee State WI Zip 53215  
Daytime Phone Number 414-645-3256  
E-mail Address \_\_\_\_\_  
Fax Number 414-645-4004  
Project Name/New Company Name (If applicable) \_\_\_\_\_

☐ 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 6540 W. Grant St.  
Tax Key Number 475.0131.000  
Current Zoning \_\_\_\_\_  
Property Owner Ralph H. Fleege  
Property Owner's Address 3506 W. National Ave.  
Existing Use of Property \_\_\_\_\_  
Lot Size \_\_\_\_\_  
Structure Size \_\_\_\_\_ Addition \_\_\_\_\_  
Construction Cost Estimate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Total \_\_\_\_\_  
Landscaping Cost Estimate \_\_\_\_\_  
Total Project Cost Estimate: \$35,000  
For Multi-tenant Buildings, Area Occupied \_\_\_\_\_  
Previous Occupant \_\_\_\_\_

### Agent is Representing (Owner/Leasee)

Name Same (Applicant)  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Fax Number \_\_\_\_\_

### 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
- ☐ 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
- ☐ Sign: Permit Fee \_\_\_\_\_
- ☐ Conceptual Project Review \_\_\_\_\_
- ☐ Street or Alley Vacation: \$500.00
- ☐ Board of Appeals: \$100.00

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

Attach detailed description of proposal.

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 \_\_\_\_\_

Date: 6/01/04

Subscribed and sworn to me this

day of June, 20 04

Notary Public: Diana Maloney

My Commission: 416 D6

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: \_\_\_\_\_

CC. Steve Schaefer