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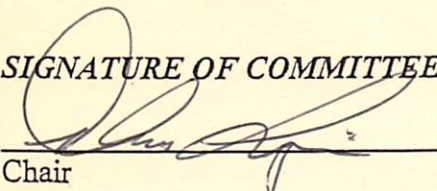
City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2006-0492	Special Use Permit	In Committee
	Special Use Permit to demolish and rebuild Arby's Restaurant, an existing business located at 10743 W. National Ave. (Tax Key No. 519-9995-004)	
	Introduced: 8/1/2006	Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>10/17/06</u>			Barczak				✓
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic	✓			
			Narlock				
	✓		Reinke	✓			
			Sengstock				
			Vitale	✓			
		✓	Weigel	✓			
			TOTAL	<u>4</u>	<u>0</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>OCT 17 2006</u>			Barczak <i>exc</i>				✓
			Czaplewski	✓			
		✓	Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock <i>exc</i>				✓
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>8</u>	<u>-</u>		<u>2</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 BRIAN M. COOLEY
 Company BRIAN COOLEY & ASSOCIATES, LLC
 Address 505 W25345 VIKTA VISTA DR
 City WALKERSA State WI Zip 53189
 Daytime Phone Number 414 303 1099
 E-mail Address bcooley@wi-rr.com
 Fax Number 262 432 0946
 Project Name/New Company Name (If applicable) ARBYS RESTAURANT

Name GEORGE CARISCH
 Company CARISCH INC.
 Address 681 E. LAKE STREET #262
 City WAYZATA State MN Zip 55391
 Daytime Phone Number 952 476 7280
 E-mail Address george@carischinc.com
 Fax Number 952 476 5452

Agent Address will be used for all official correspondence.

Property Information

Property Address 10743 W. NATIONAL AVENUE
 Tax Key Number 519-995-004
 Current Zoning C-4
 Property Owner CARISCH BROTHERS
 Property Owner's Address 681 E. LAKE STREET #262
WAYZATA, MN 55391
 Existing Use of Property ARBYS RESTAURANT
 Structure Size 3,000 sq. ft. Addition
 Construction Cost Estimate: Hard 380,000 Soft 160,000 Total 540,000
 Landscaping Cost Estimate \$22,000
 Total Project Cost Estimate: \$562,000
 Previous Occupant ARBYS

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 Brian Cooley

Date: 7/7/2006

Subscribed and sworn to me this 7 day of July, 2006

Notary Public: [Signature]
 My Commission: 7-10-10

**Please make checks payable to:
City Of West Allis**

cc: Steve Schaefer

Please do not write in this box

Application Accepted and Authorized by: _____

Date: _____

Meeting Date: _____

Total Fee: _____