

28.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2010-0674 Special Use Permit Introduced

Special Use Permit for a proposed educational institution to be operated by Oconomowoc Residential Programs, Inc. within the existing school building of St. Augustine's Church located at 6753-6763 W. Rogers St.

Introduced: 11/16/2010

Controlling Body: Safety & Development Committee

Plan Commission

COMMITTEE RECOMMENDATION

FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>12/7/10</u>			Barczak				
			Czaplewski				
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
		✓	Reinke	✓			
			Roadt				
			Sengstock				
	✓		Vitale	✓			
			Weigel				
			TOTAL	<u>5</u>	<u>0</u>		

SIGNATURE OF COMMITTEE MEMBER

[Signature]
 Chair Vice-Chair Member

COMMON COUNCIL ACTION

PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>DEC 07 2010</u>		✓	Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>10</u>	<u>-</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

Name Kevin Silkey
 Company Oconomowoc Residential Programs, Inc.
 Address 1746 Executive Drive
 City Oconomowoc State WI Zip 53066
 Daytime Phone Number (262) 853-4319
 E-mail Address KSilkey@odtc.com
 Fax Number (262) 569-9962
 Project Name/New Company Name (If applicable) _____
Oconomowoc Residential Programs-Milwaukee School
Agent Address will be used for all official correspondence.

Property Information

Property Address 6753 W. Rogers Street
 Tax Key Number 475-0043-000
 Current Zoning RB-2: Residence District
 Property Owner St. Augustine Church
 Property Owner's Address 6762 W. Rogers Street
West Allis, WI 53129
 Existing Use of Property school (presently unused)
 Total Project Cost Estimate: _____
 Previous Occupant St. Augustine Church

In order to be placed on the Plan Commission agenda, the Department of Development MUST receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Agent is Representing (Tenant/Owner)

Name (Tenant) _____
 Company Oconomowoc Residential Programs, Inc.
 Address 1746 Executive Drive
 City _____ State _____ Zip _____
 Daytime Phone Number (262) 853-4319
 E-mail Address KSilkey@odtc.com
 Fax Number (262) 569-9962

Application Type and Fee

(Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
 Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other Additional architectural plans

Applicant or Agent Signature _____

KSilkey

Date: 10-27-10

Subscribed and sworn to me this

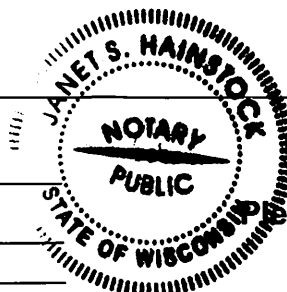
27th day of October, 2010

Notary Public: _____

Janet S. Hainstock

My Commission: _____

1-19-2014



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