

38.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2007-0465	Special Use Permit	In Committee
Special Use Permit for proposed Walking in the Spirit (WITS) Christian Academy daycare, to be located within the existing church building at 6420 W. Mitchell St. (Tax Key No. 454-0262-004)		
Introduced: 8/7/2007		
Controlling Body: Safety & Development Committee		

COMMITTEE RECOMMENDATION File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>3/3/09</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barczak				
	<input type="checkbox"/>	<input type="checkbox"/>	Czaplewski				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kopplin	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Lajsic	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narlock	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Reinke	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Roadt				
	<input type="checkbox"/>	<input type="checkbox"/>	Sengstock				
	<input type="checkbox"/>	<input type="checkbox"/>	Vitale	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Weigel				
			TOTAL	<u>5</u>	<u>-</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>MAR 03 2009</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barczak				<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Czaplewski	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Kopplin	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lajsic	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Narlock	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Reinke	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Roadt	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Sengstock	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vitale	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Weigel	<input checked="" type="checkbox"/>			
			TOTAL	<u>9</u>	<u>-</u>		<u>1</u>

61.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
-------------	-------	--------

2007-0465 Special Use Permit In Committee

Special Use Permit for proposed Walking in the Spirit (WITS) Christian Academy daycare; to be located within the existing church building at 6420 W. Mitchell St. (Tax Key No. 454-0262-004)

Introduced: 8/7/2007

Controlling Body: Safety & Development Committee
Plan Commission

COMMITTEE RECOMMENDATION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic				
			Narlock				
			Reinke				
			Sengstock				
			Vitale				
			Weigel				
			TOTAL				

SIGNATURE OF COMMITTEE MEMBER

Chair Vice-Chair Member

COMMON COUNCIL ACTION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
			Dobrowski				
			Kopplin				
			Lajsic				
			Narlock				
			Reinke				
			Sengstock				
			Vitale				
			Weigel				
			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 _____
 Company WITS Christian Academy
 Address 6420 W. Mitchell Street
 City West Allis State WI Zip 53214
 Daytime Phone Number (414) 604-9487
 E-mail Address Witsmsec@yahoo.com
 Fax Number (414) 604-9489
 Project Name/New Company Name (If applicable) _____

Name Annette Sims
 Company WITS Christian Academy
 Address 6420 W. Mitchell Street
 City West Allis State WI Zip 53214
 Daytime Phone Number (414) 604-9487 - (414) 628-6229
 E-mail Address Witsmsec@yahoo.com
 Fax Number (414) 604-9489

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

Agent Address will be used for all official correspondence.

Property Information

Property Address 6420 W. Mitchell Street
 Tax Key Number 454-0262-004
 Current Zoning RB-2
 Property Owner Walking In The Spirit Ministries
 Property Owner's Address 6420 W. Mitchell St. West Allis, WI 53214
 Existing Use of Property Church
 Structure Size _____ Addition _____
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate \$10,000
 Total Project Cost Estimate: \$10,000
 Previous Occupant _____

Attach detailed description of proposal.

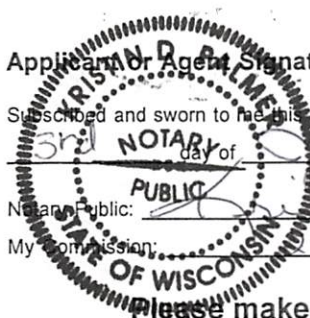
In order to be placed on the Plan Commission agenda, the Department of Development must receive a completed application, appropriate fees, a project description, 6 sets of scaled, folded and stapled plans (24" x 36") and 1 electronic copy (PDF format) of the plans by the first Friday of the month.

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 [Signature] Date: 7/3/07

Subscribed and sworn to me this _____ day of July, 2007
 Notary Public: Justin D. Palmer
 My Commission: 2/24/08



**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: _____

Project Description

WITS Christian Academy
6420 W. Mitchell Street
West Allis, WI 53214
(414) 604-9487

WITS Christian Academy is designed to successfully prepare each child to begin elementary school with a solid concept of learning in a fun, safe and educational environment. Our curriculum is geared toward increasing leadership, social and academic skills as early in life as possible.

WITS's goal is to help each child develop their skills in math, reading and writing to their full potential. Toddlers will learn how to identify the letters of the alphabet, read simple words. Count to 25 and at a minimum know how to add numbers up to ten.

We will provide each child with the planned age appropriate activities. Double dosages of encouragement, love, care, a sense of self worth and positive direction; the end result is a mature adult who has become an asset to our community and one who uses his/her unique skills like Love, Patience, Peace & Wisdom to make the right choices in life.

The staff of WITS is committed to providing a loving, educational and safe program for children 4 weeks to 12 years of age. Childcare services will be provided between the hours of 6 A.M. and 6 P.M., Monday through Friday, January through December. The center is open for visits and observation by parents during regular scheduled hours of operation. No appointment is necessary providing the visit does not disturb nap times or field trips.

We will never refuse to enroll a child on the basis of race, sex, color, creed, political persuasion, national origin, handicap, ancestry or sexual orientation. Parent must meet with the director before the child's start date to discuss their child's specific needs and to review program policies and procedures. All children will be enrolled for a trial period of two weeks. During the trail period either the director or the child's parent may terminate childcare without advance notice.

We have enough space at our facility to be licensed for more than 50 children and an estimated maximum of about 150 children. We will employ teachers according to State Regulations for child adult ratios. Which means, that staffing will depend on the number of children that are enrolled per shift at WITS Christian Academy. Additional staff will include a cook, a maintenance person, an executive director, center director and office staff as needed.

20
Employees

Initially, we will not provide pick- up and drop-off services but will offer this service if it becomes a demand from the families that we serve.

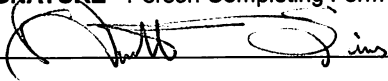
Maximum number of children in a group = maximum number that can be cared for by 2 staff members as determined by staff - child ratio formula.

CRITERIA

One staff member is required for a group of children whose individual numerical weights total 1.0.

Example 1	3 children age 4 years	@	.077	=	.231	2 child care workers required
	16 children age 5 years	@	.059	=	<u>.944</u>	
	TOTAL			=	1.175	
Example 2	3 children under 1 year of age	@	.25	=	.75	1 child care worker required
	1 child 1 year of age	@	.25	=	<u>.25</u>	
	TOTAL			=	1.00	
Example 3	14 children 3 years of age	@	.10	=	1.40	2 separate groups of children with 3 child care workers required
	10 children 4 years of age	@	.077	=	.77	
	3 children 5 years of age	@	.059	=	<u>.177</u>	
	TOTAL			=	2.347	

SIGNATURE - Person Completing Form



Date Signed

7/3/07