

39 5/36



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2003-0199	Request	In Committee
	Request by Timm Sullivan, d/b/a Zajal and Jypsy's Game Castle, for an Ordinance to amend Section 12.40(2) of the Revised Municipal Code to allow a retail activity center as a special use within the C-1 Central Business District.	
	Introduced: 4/2/2003	Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION

MOVER: Czaplewski AYES 4 NOES 0

SECONDER: Reinke EXCUSED Narlock

COMMITTEE ACTION DATE 6/17/03

SIGNATURES OF COMMITTEE MEMBERS

[Signature] Chair

____ Vice-Chair

COMMON COUNCIL ACTION placed on file

FINAL ACTION DATE 6-17-03

MOVER:
Lajsic

SECONDER:
Reinke

	AYE	NO
1. Barczak	✓	_____
2. Czaplewski	✓	_____
3. Kopplin	✓	_____
4. Lajsic	✓	_____
5. Murphy		_____
6. Narlock	exc	_____
7. Reinke	✓	_____
8. Sengstock	✓	_____
9. Trudell	exc	_____
10. Vitale	exc	_____
Weigel	✓	_____
TOTAL	<u>7</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 Tim Sullivan Name _____

Company Zajac and Lyle's Game Center Company _____

Address 1633 W. North Ave Address 9017 W. Congress

City Wauwatosa Milwaukee State WI Zip 53226-3322 City _____ State _____ Zip _____

Daytime Phone Number 414-466-5101 Daytime Phone Number _____

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.

Application Type and Fee

- Request for Rezoning: \$400.00 (Public Hearing required)
Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$400.00
- Special Use: \$300.00 (Public Hearing required)
- Site, Landscaping, Architectural Reviews
- Certified Survey Map: \$125.00 + \$12.25 for first page + \$3.00 for each additional page + \$30.00 County Treasurer
- Planned Development District (Public Hearing required)
 - Residential: \$500.00
 - Industrial/Commercial: \$500.00
- Subdivision Plats: \$125.00 + \$100.00 County Treasurer + \$25.00 for approval
- Sign: Permit Fee _____
- Conceptual Project Review _____
- Street or Alley Vacation: \$250.00
- Board of Appeals: \$100.00

Property Information

Property Address 2017 W. Greenfield Ave

Tax Key Number 457-0077

Current Zoning C-1

Property Owner Little, Virginia

Property Owner's Address _____

Existing Use of Property _____

Lot Size 3598.79

Structure Size _____ Addition _____

Development cost estimate _____

Landscaping cost estimate _____

For multi-tenant buildings, area occupied _____

Previous Occupant _____

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

Description of Proposal

Details of proposal; plans of operation; hours of operation; frequency of deliveries to site; number of employees; description of any interior/exterior modifications or additions to be made to property; frequency of customer visits; any outside storage (dumpsters, trucks, materials...); number of parking stalls; screening/buffer type; any other information available.
PLEASE EXPLAIN IN DETAIL (Attach additional pages if necessary)

Retail Activity Center, Mon-Fri - 12:30-10:00 p.m. Sat-Sun 12-10:00 p.m.

Winter 2:30-10:00 p.m. Sat-Sun 12-10:00 p.m.

employees - 2 ; Tim Sullivan - owner
JP Caporino - owner

Putting in of Bay window in front of store as approved as of 5/22/02

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: 3-21-03

Subscribed and sworn to me this 21 day of March 2003

Notary Public: Jerry Schilling

My Commission: 41204

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: _____