



City of West Allis
Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2003-0124	Special Use Permit	In Committee
Special Use application submitted by Charles Dickens of New Millennium Design to establish a day care facility at 5900 W. National Ave. (Tax Key No. 438-0300-000)		
Introduced: 2/18/2003		Controlling Body: Safety & Development Committee PLAN COMMISSION

COMMITTEE RECOMMENDATION

File

MOVER: Czaplewski AYES 5 NOES 0

SECONDER: Kopplin EXCUSED _____

COMMITTEE ACTION DATE 3/18/03

SIGNATURES OF COMMITTEE MEMBERS

Chair

Vice-Chair

COMMON COUNCIL ACTION placed on file

FINAL ACTION DATE March 18, 2003

MOVER:

Lajsic

SECONDER:

Reinke

	AYE	NO
1. Barczak	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Czaplewski	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Kopplin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Lajsic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Murphy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Narlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Reinke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Sengstock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Trudell	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Vitale	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TOTAL	<u>9</u>	<u>0</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 Charles Dickow
Company New Millennium Design
Address 3350 N 51st Blvd
City Milwaukee State WI Zip 53216
Daytime Phone Number 414-405-4752
Project Name/New Company Name (If applicable) _____

Agent is Representing (Owner/Leasee)
Name Mt. Calvary's Kids Come First Nursery
Company Mt. Calvary Church
Address 5900 W National Ave
City West Allis State WI Zip 53214
Daytime Phone Number 414 464-8233

☐ 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 5900 W National Ave
Tax Key Number _____
Current Zoning _____
Property Owner Rev Thomas A. Sharbrook
Property Owner's Address _____
Existing Use of Property N/A
Lot Size 2200 Square Feet
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) _____

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 reapproval
☐ Sign: Permit Fee _____
☐ Conceptual Project Review _____
☐ Street or Alley Vacation: \$250.00
☐ Board of Appeals: \$100.00

CITY CLERK REMITTANCE
SPECIAL USE PERMIT \$300.00
MS0503000567001 2/12/03 PAID
PAYOR: NEW MILLENNIUM DESIGN

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)

Proposal to operate as a Day care with approx 40 children - hours of operation 6 am - 11:30 am
no major modification will be made to existing property.
plans submitted to Dept of Development

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: 2-12-2003

Subscribed and sworn to me this 12 day of February 03
Notary Public: Maria Schulte
My Commission: 2-5-06

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: Schan/Ward