

## City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number

Title

Status

2009-0550

Special Use Permit

Introduced

Special Use Permit for proposed restaurant to be located within the existing gas station building located at 6819 W. Lincoln Ave. (Tax Key No. 489-0080-000)

Introduced: 9/1/2009

Controlling Body: Safety & Development Committee

**Plan Commission** 

|                 | RECOMM         | ENDATION _ | F   | 12       |       |         |         |
|-----------------|----------------|------------|---|----------|-------|---------|---------|
| ACTION<br>DATE: | MOVER          | SECONDER   | Barczak Czaplewski Kopplin Lajsic Narlock Reinke Roadt Sengstock Vitale | AYE      | NO    | PRESENT | EXCUSED |
| COMMON CO       | and the second | Vice-      | Chair   | ACE ON I | Membe | T.      |         |
| ACTION          | MOVER          | SECONDER   | Barczak<br>Czaplewski   | AYE      | NO    | PRESENT | EXCUSED |

## **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)

| NameMUHAMMAD AYUR  | Name  |  |  |  |
|--|---|--|--|--|
| COMPANY BRODS DETRO MARTING  | Company   |  |  |  |
| Address 6819 W LINCOLN AV  | Address   |  |  |  |
| City WESTALLIS State WI Zip 53219  | CityState Zip   |  |  |  |
| Daytime Phone Number 414-543-2210  | Daytime Phone Number  |  |  |  |
| E-mail Address   | E-mail Address  |  |  |  |
| Fax Number 414-543-2210  | Fax Number  |  |  |  |
| Project Name/New Company Name (If applicable)  | Application Type and Fee (Check all that apply)                                     |  |  |  |
| Check if the above is agent for applicant and complete  Agent is Representing Section in upper right of form.  | ☐ Request for Rezoning: \$500.00 (Public Hearing required)                          |  |  |  |
| Agent Address will be used for all offical correspondence.   | Existing Zoning: Proposed Zoning:   |  |  |  |
| 7.0  | Request for Ordinance Amendment \$500.00  |  |  |  |
| 559-3707 Property Information  | Special Use: \$500.00 (Public Hearing required)                                     |  |  |  |
| Property Address 6819 W.C./NCDLN   | ☐ Transitional Use \$500.00 (Public Hearing Required)                               |  |  |  |
| Tax Key Number 489-0080-600  | Level 1 Site, Landscaping, Architectural Plan Review \$100.00                       |  |  |  |
| Current Zoning C - 2   | Level 2 Site, Landscaping, Architectural Plan Review \$250.00                       |  |  |  |
| Property Owner   | Level 3 Site, Landscaping, Architectural Plan Review \$500.00                       |  |  |  |
| Property Owner's Address 3548 5 77 57  | ☐ Site, Landscaping, Architectural Plan Amendments \$100.00                         |  |  |  |
| milwhort wi53220   | Li Extension of Time: \$250.00  |  |  |  |
| Existing Use of Property C.A.S. STATION C. SON   | Certified Survey Map: \$500.00 + \$30.00 County Treasurer                           |  |  |  |
| 17 2444 6 6  | ☐ Planned Development District \$1500.00(Public Hearing required)                   |  |  |  |
| Lot Size 2720 25-F   | ☐ Subdivision Plats: \$1500.00 + \$100.00 County Treasurer + \$25.00 for reapproval |  |  |  |
| Structure Size 3/20 S-F Addition   | ☐ Signage Plan Review \$100.00  |  |  |  |
| Construction Cost Estimate: Hard Soft Total  | ☐ Street or Alley Vacation/Dedication: \$500.00                                     |  |  |  |
| Landscaping Cost Estimate  | ☐ Signage Plan Appeal: \$100.00   |  |  |  |
| Total Project Cost Estimate:   |   |  |  |  |
| For Multi-tenant Buildings, Area Occupied  |   |  |  |  |
| Previous Occupant  | 8   |  |  |  |
| *Attach detailed description of proposal.  |   |  |  |  |
| Attached Plans Include: (Application is incomplete without required plans,   |   |  |  |  |
| Site Plan  Floor Plans  Elevations  Signage Plan  Signage Plan  Grading Plan  Utility System Plan  | □ Legal Description □ Certified Survey Map  |  |  |  |
| Landscaping/Screening Plan Grading Plan Utility System Plan  | Other   |  |  |  |
| Applicant or Agent Signature   | 1/62 Date: 7-31-09  |  |  |  |
| Subscribed and sworn to me this  |   |  |  |  |
|  | Please do not write in this box   |  |  |  |
| Notary Public: Bastona A Brokes  | Application Accepted and Authorized by:   |  |  |  |
| My Commission: Expine 2 19-25-11   |   |  |  |  |
| The Common of th | Date:   |  |  |  |
| Please make checks payable to:   | Meeting Date:   |  |  |  |
| City Of West Allis   | Total Fee:  |  |  |  |

per: GRHIDEV
Date: 7/31/09 01 Scenet no: 71027
BH: 7/31/09 01 Scenet no: 71027
BH: 500.00
BRU'S HERD MART INC
CH CHECK PA
Total payment
Trans date: 7/31/09/15/76/23/23/2