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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2006-0328 Special Use Permit In Committee

Special Use Permit for proposed daycare facility to be located at the existing ANS Home Health Services business at 2711 S. 84 St. (Tax Key No. 517-0341-000)

Introduced: 5/16/2006

Controlling Body: Safety & Development Committee
Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>8/1/06</u>			Barczak				✓
			Czaplewski				✓
			Dobrowski				
			Kopplin				
			Lajsic	✓			
			Narlock				
		✓	Reinke	✓			
			Sengstock				
	✓		Vitale	✓			
			Weigel	✓			
			TOTAL	<u>4</u>	<u>0</u>		<u>1</u>

SIGNATURE OF COMMITTEE MEMBER

[Signature] _____ _____
Chair Vice-Chair Member

PLACE ON FILE

COMMON COUNCIL ACTION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>AUG 01 2006</u>			Barczak				✓
			Czaplewski	✓			
			Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
		✓	Vitale	✓			
			Weigel	✓			
			TOTAL	<u>9</u>	<u>0</u>		<u>1</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 Kim Ellis
Company ANS Home Health Services
Address 2711 S. 84th St.
City West Allis State WI Zip 53227
Daytime Phone Number 414-481-9800
E-mail Address _____
Fax Number 414-481-9808
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.

Property Information

Property Address 2711 S. 84th St.
Tax Key Number 517-03-41-000
Current Zoning BUSINESS
Property Owner Kim Ellis
Property Owner's Address 2711 S. 84th St.
West Allis, WI 53227
Existing Use of Property Home Health Agency
Office
Lot Size _____
Structure Size _____ Addition _____
Construction Cost Estimate: Hard _____ Soft _____ Total _____
Landscaping Cost Estimate _____
Total Project Cost Estimate: 1642.00
For Multi-tenant Buildings, Area Occupied _____
Previous Occupant _____

***Attach detailed description of proposal.**

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: 5-2-06

Subscribed and sworn to me this _____ day of May, 20 06

Notary Public: _____

My Commission: 41210

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

Agent is Representing ^(Owner/Leasee)

Name Shari Kuehn / Kristin Parey
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone Number same
E-mail Address _____
Fax Number _____

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

Please do not write in this box

Application Accepted and Authorized by: _____

Date: _____

Meeting Date: _____

Total Fee: _____