



File Number

Title

City of West Allis Matter Summary

Status

7525 W. Greenfield Ave. West Allis, WI 53214

| 2 | 010 0201 | | | | | | | |
|-------------|-----------|---------------------------------|-------------------------------------|----------------|------------|-----------|-------------------|-----------------|
| 20 | 010-0381 | Special Use Per | | | Introduc | | | |
| | | Special Use Perr 6414-22 W. Gre | nit for Crawdad enfield Ave. and | dy's Restauran | t to estab | lish an c | outdoor dining ar | rea located at |
| | | Introduced: 6/15/ | | 1.100 | | | : Safety & Develo | nment Committee |
| | | | | | | | | pment Committee |
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| COMMITTEL | T DECOMA | | | _ | | | | |
| COMMITTER | L RECUMIN | LENDATION _ | | FILE | | | | |
| | MOVER | SECONDER | | AYE | | NO | PRESENT | EXCUSED |
| ACTION | | | Barczak | | x | | TRESENT | EACUSED |
| DATE: | | | Czaplewski | | X | | | |
| 7/1/10 | | | Kopplin Lajsic | / | | | | |
| 770700 | | | Narlock | 1 | | | | |
| | | | Reinke | / | | | | |
| | | | Roadt | | X | | | |
| | | | Sengstock | | × | | | |
| | | | Vitale Weigel | | × | | | ~ |
| | | | Weiger | | | | | |
| | | | TOTAL | 148 | _ | | | |
| SIGNATURE C | DE,COMMIT | TEE MEMBE | R | 5 X | O 44. | | | • |
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| Chair | THE | | | | | | | |
| Chair | 1 3/1 | Vice- | Chair | | 1 | Membe | er | , |
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| COMMON CO | UNCIL AC | TION | PLACE | ON FIL | E * | * (| | |
| | MOVER | SECONDER | | AYE | | | DDEGEN | |
| ACTION | | SECOMBER | Barczak | AIL | - N | О | PRESENT | EXCUSED |
| DATE: | | | Czaplewski | 7 | | T. | | |
| UL 0 6 2010 | et land | | Kopplin | V | | V. | | |
| . 4 | | | Lajsic | | | ś | 1 20 | |
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| | | | Vitale | | | | | ~ |
| | | | Weigel | | | | | |
| | | | TOTAL | 9 | • | - | | 1 |

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

Agent is Representing (Tenant/Owner)

| Ann | licant | or | Agent | for | Ann | licant |
|-----|----------|----|-------|-----|-----|---------|
| whh | II Carre | O. | Agent | .0. | TPP | IICUIIC |

| Name JONATHAN KLUG | Name |
|---|---|
| Company CX AWDADDY'S RESTAURDY IVE | Company |
| Address 6414 W CARDVEIRD AVE | Address |
| | City State Zip |
| Daytime Phone Number 414 - 7 8 - 222 8 | Daytime Phone Number |
| E-mail Address Contact & crowdaddy crestauran | t, E-mail Address |
| | Fax Number |
| Fax Number 414-778-0750 | |
| Project Name/New Company Name (If applicable) | Application Type and Fee (Check all that apply) |
| Agent Address will be used for all offical correspondence. | Special Use: \$500.00 (Public Hearing Required) |
| Property Information | Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000) |
| Property Address 6414 W. CHEWFIELD AUE | Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000) |
| Tax Key Number | |
| Current Zoning restaurant retail | ☐ Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +) |
| Property Owner Towarum Klub / Toya Vuktic | ☐ Site, Landscaping, Architectural Plan Amendments \$100.00 |
| Property Owner's Address \$914 w Cheerican Ave | Extension of Time: \$250.00 |
| | ☐ Signage Plan Review \$100.00 |
| Existing Use of Property restaurant | ☐ Signage Plan Appeal: \$100.00 |
| Total Project Cost Estimate: 4 4000 | Request for Rezoning: \$500.00 (Public Hearing required) |
| Previous Occupant | Existing Zoning: Proposed Zoning: |
| Tronds company | Request for Ordinance Amendment \$500.00 |
| 4 | ☐ Planned Development District \$1500.00(Public Hearing Required) |
| | Subdivision Plats: \$1700.00 |
| | ☐ Certified Survey Map: \$600.00 |
| In order to be placed on the Plan Commission | ☐ Certified Survey Map Re-approval: \$50.00 |
| agenda, the Department of Development MUST receive the following by the last Friday of the month, | Street or Alley Vacation/Dedication: \$500.00 |
| prior to the month of the Plan Commission meeting. | ☐ Transitional Use \$500.00 (Public Hearing Required) |
| (Check boxes next to each listed item): | |
| Completed Application | Attached Plans Include: (Application is incomplete without required plans, see handout for requirements) |
| Appropriate Fees | |
| Project Description | |
| 6 Sets of folded and stapled plans (24" x 36") | ☐ Floor Plans |
| 1 Electronic copy of plans (PDF format) | ☐ Elevations |
| | ☐ Signage Plan |
| Total Project Cost Estimate | Certified Survey Map |
| | Other |
| Applicant or Agent Signature Janathan Subscribed and sworn to me this | Rug Date: 5/26/10 |
| 28 day of May , 20 10 | Disass make chasks periable to |
| Notary Public: Barbara & Burkee | Please make checks payable to: City Of West Allis |
| My Commission: 9/25/11 | |