

3.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2010-0264 Special Use Permit Introduced

Special Use Permit for proposed addition to Yester Years, an existing pub and grill, located at 9427 W. Greenfield Ave.

Introduced: 4/28/2010

Controlling Body: Safety & Development Committee

Plan Commission
License + Health Comm

COMMITTEE RECOMMENDATION

Approved POF

ACTION DATE:

5-4-10

MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
		Barczak				
		Czaplewski				
	(X)	Kopplin	(X)			
		Lajsic				(X)
		Narlock	(X)			
(X)		Reinke	(X)			
	✓	Roadt				
✓		Sengstock				
		Vitale				
		Weigel				(X)
TOTAL			4	3	0	1

Handwritten notes: (X) END, LAFF, (X) END

SIGNATURE OF COMMITTEE MEMBER

[Signature] Chair
[Signature] Vice-Chair
 _____ Member

COMMON COUNCIL ACTION **APPROVAL** PLACE ON FILE

ACTION DATE:

MAY 04 2010

MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
✓	✓	Barczak	✓			
✓		Czaplewski	✓			
		Kopplin	✓			
		Lajsic				✓
		Narlock	✓			
		Reinke	✓			
		Roadt	✓			
		Sengstock	✓			
		Vitale				✓
		Weigel				✓
TOTAL			7			3

AMERICAN EXPRESS PAY DEPARTMENT
CITY OF WEST ALLIS
*** CUSTOMER RECEIPT ***

Oper: GNRCDV Type: DC Drawer: 1
Date: 4/23/10 01 Receipt no: 35972

Description	Quantity	Amount
GH DEV SPECIAL USE PERMIT	1.00	\$500.00
		897428

Trans number:
G/L account number:
10000004420107
YESTER YEARS PUB & GRILL

Tender detail	10045	\$500.00
CK CHECK PAY		\$500.00
Total tendered		\$500.00
Total payment		

Trans date: 4/02/10 Time: 15:32:31

*** THANK YOU FOR YOUR PAYMENT ***

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 (Tenant/Owner)

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 E-mail Address _____
 Fax Number _____
 Project Name/New Company Name (If applicable) _____

Name TIMOTHY SEIDEL
 Company TIMOTHY SEIDEL - ARCHITECT LLC
 Address 530 CYNARIC CT.
 City WAUWATOSA State WI Zip 53183
 Daytime Phone Number 262-968-5580
 E-mail Address tseidelarchitect@wi.net.com
 Fax Number 262-968-5581

Agent Address will be used for all official correspondence.

Property Information

Property Address _____
 Tax Key Number _____
 Current Zoning _____
 Property Owner KAREN SCHOENFELD
 Property Owner's Address 9427 W. GREENFIELD
 Existing Use of Property BUSINESS
 Total Project Cost Estimate: \$ 150,000
 Previous Occupant —

Application Type and Fee

(Check all that apply)

- Special Use: \$500.00 (Public Hearing Required)
- Level 1 Site, Landscaping, Architectural Plan Review \$100.00 (Project Cost \$0 -2,000)
- Level 2 Site, Landscaping, Architectural Plan Review \$250.00 (Project Cost \$2,001 -5,000)
- Level 3 Site, Landscaping, Architectural Plan Review \$500.00 (Project Cost \$5,001 +)
- Site, Landscaping, Architectural Plan Amendments \$100.00
- Extension of Time: \$250.00
- Signage Plan Review \$100.00
- Signage Plan Appeal: \$100.00
- Request for Rezoning: \$500.00 (Public Hearing required)
- Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500.00
- Planned Development District \$1500.00(Public Hearing Required)
- Subdivision Plats: \$1700.00
- Certified Survey Map: \$600.00
- Certified Survey Map Re-approval: \$50.00
- Street or Alley Vacation/Dedication: \$500.00
- Transitional Use \$500.00 (Public Hearing Required)

In order to be placed on the Plan Commission agenda, the Department of Development MUST receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.

(Check boxes next to each listed item):

- Completed Application
- Appropriate Fees
- Project Description
- 6 Sets of folded and stapled plans (24" x 36")
- 1 Electronic copy of plans (PDF format)
- Total Project Cost Estimate

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)

- Site/Landscaping/Screening Plan
- Floor Plans
- Elevations
- Signage Plan
- Certified Survey Map
- Other _____

Applicant or Agent Signature _____

Date: March 25, 2010

Subscribed and sworn to me this 25 day of March, 20 10

Notary Public: Dorel Spatz

My Commission: 126-14

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



CITY CLERK/TREASURER'S OFFICE

414/302-8200 or 414/302-8207 (Fax)

www.ci.west-allis.wi.us

Paul M. Ziehler

City Admin. Officer, Clerk/Treasurer

Monica Schultz

Assistant City Clerk

Rosemary West

Treasurer's Office Supervisor

May 10, 2010

Karen Schoenfeld
d/b/a Yester Years Pub & Grill
9427 W. Greenfield Ave.
West Allis, WI 53214

Dear Ms. Schoenfeld:

On May 4, 2010 the Common Council adopted a Resolution relative to determination of Special Use Permit for proposed addition to Yester Years, an existing pub and grill, located at 9427 W. Greenfield Ave.

Please sign and return the enclosed copy of Resolution No. R-2010-0112 to the Clerk's Office within ten (10) days upon receipt of this letter.

Sincerely,

Monica Schultz
Assistant City Clerk

/amn
enc.

cc: Ted Atkinson
Development
Timothy Seidel