

22.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2011-0398	Special Use Permit	Introduced
Special Use Permit to establish a CVS Pharmacy with a drive-through within the Riverbend Shopping Center located at 7500-52 W. Oklahoma Ave.		
Introduced: 6/21/2011		Controlling Body: Safety & Development Committee Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>6/21/11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barczak				
	<input type="checkbox"/>	<input type="checkbox"/>	Czaplewski				
	<input type="checkbox"/>	<input type="checkbox"/>	Kopplin	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Lajsic	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Narlock	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Reinke	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Roadt				
	<input type="checkbox"/>	<input type="checkbox"/>	Sengstock				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vitale	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Weigel				
			TOTAL	<u>5</u>	<u>6</u>		

SIGNATURE OF COMMITTEE MEMBER

[Signature]
 Chair _____ Vice-Chair _____ Member _____

COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>JUN 21 2011</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barczak				<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Czaplewski	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kopplin	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Lajsic	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Narlock	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Reinke	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Roadt	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Sengstock	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Vitale	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Weigel	<input checked="" type="checkbox"/>			
			TOTAL	<u>9</u>			<u>1</u>

**STANDING COMMITTEES OF THE
CITY OF WEST ALLIS COMMON COUNCIL**

ADMINISTRATION & FINANCE

Chair: Kurt E. Kopplin
Vice-Chair: Vincent Vitale
Thomas G. Lajsic
Richard F. Narlock
Rosalie L. Reinke

PUBLIC WORKS

Chair: Gary T. Barczak
Vice-Chair: Martin J. Weigel
Michael J. Czaplewski
Daniel J. Roadt
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Richard F. Narlock
Kurt E. Kopplin
Rosalie L. Reinke
Vincent Vitale

LICENSE & HEALTH

Chair: Michael J. Czaplewski
Vice-Chair: James W. Sengstock
Gary T. Barczak
Daniel J. Roadt
Martin J. Weigel

ADVISORY

Chair: Rosalie L. Reinke
Vice-Chair: Daniel J. Roadt
Kurt E. Kopplin
Richard F. Narlock
Vincent Vitale

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 Richard W. Donner
Company Reinhart Boerner Van Deuren s.c.
Address 1000 North Water Street, Suite 1700
City Milwaukee State WI Zip 53202
Daytime Phone Number 414-298-8169
E-mail Address rdonner@reinhartlaw.com
Fax Number 414-298-8097
Project Name/New Company Name (If applicable) CVS Pharmacy

Agent Address will be used for all official correspondence.

Property Information

Property Address 7500 West Oklahoma Avenue
Tax Key Number 515-0124-000
Current Zoning C-3
Property Owner Campbellsport LLC and OMRO PW LLC
Property Owner's Address 1564 West Algonquin Road,
Hoffman Estates, IL
Existing Use of Property Commercial
Total Project Cost Estimate: _____
Previous Occupant Blockbuster

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

Agent is Representing (Tenant/Owner)

Name Mike Haaning, Gershman Brown Crowley, Inc.
Company c/o Wisconsin CVS Pharmacy, L.L.C.
Address One CVS Drive
City Woonsocket State RI Zip 02895
Daytime Phone Number 847-670-7910
E-mail Address mhaaning@gershmanbrowncrowley.com
Fax Number 847-670-7916

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)

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: 2-17-11

Subscribed and sworn to me this

17th day of February, 20 11

Notary Public: Lisa A. Jents

My Commission: Expires March 11, 2012

Please make checks payable to:
City Of West Allis

Oper: GNRCDL
Type: OC Drawer: 1
Date: 2/25/11 01 Receipt no: 20082
GH DEV SPECIAL U 1 \$500.00
GR WISCONSIN 2 LLC
GD DEV LVL 3 SIT 1 \$500.00
GR WISCONSIN 2 LLC
CK CHECK PA 175 \$1000.00
Total tendered \$1000.00
Total payment \$1000.00
Trans date: 2/18/11 Time: 10:20:43