

56.35.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2006-0538 Special Use Permit In Committee

Special Use Permit for 1 2 1 Workout, LLC, a one-on-one personal training center to be located within the existing multi-tenant commercial building at 7028 W. Greenfield Ave. (Tax Key No. 440-0231-000)

Introduced: 9/5/2006

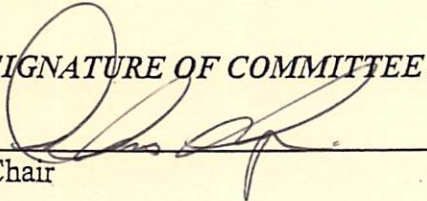
Controlling Body: Safety & Development Committee
Plan Commission

COMMITTEE RECOMMENDATION

File

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>10/17/06</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


Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>OCT 17 2006</u>			Barczak <i>ec</i>				✓
			Czaplewski	✓			
		✓	Dobrowski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock <i>ec</i>				✓
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>8</u>	<u>-</u>		<u>2</u>

7.21.00

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)

Name MIKE WALKER
 Company 121 WORKOUT LLC
 Address 7028 West Greenfield Ave
 City WEST ALLIS State WI Zip 53214
 Daytime Phone Number (414) 241-0463
 E-mail Address MIKE121WORKOUT@YAHOO.COM
 Fax Number _____
 Project Name/New Company Name (If applicable) _____

Name _____
 Company _____
 Address 4501 W. Chester Square
 City Milwaukee State _____ Zip 53214
 Daytime Phone Number _____
 E-mail Address _____
 Fax Number _____

Agent Address will be used for all official correspondence.

Property Information

Property Address 7028 West Greenfield Ave
 Tax Key Number _____
 Current Zoning Commercial
 Property Owner _____
 Property Owner's Address 4950 South Ash St.
Dak Creek WI 53159
 Existing Use of Property VACANT STORE FRONT
 Structure Size 1200 SF Portion Addition
 Construction Cost Estimate: Hard _____ Soft _____ Total _____
 Landscaping Cost Estimate _____
 * Total Project Cost Estimate: _____
 Previous Occupant _____
 HRS of Operation: 6AM - 6PM M-SAT
1 Employee

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

Attach detailed description of proposal.

In order to be placed on the Plan Commission agenda, the Department of Development must receive a completed application, appropriate fees, a project description, 6 sets of scaled, folded and stapled plans (24" x 36") and 1 electronic copy (PDF format) of the plans by the first Friday of the month.

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 Mike Walker Date: August 07, 2006
 Subscribed and sworn to me this 11 day of August, 2006
Mike Walker

Notary Public: [Signature]
 My Commission: 4-11-10

Please make checks payable to:
City Of West Allis

Please do not write in this box

Application Accepted and Authorized by: _____
 Date: _____
 Meeting Date: _____
 Total Fee: _____

cc: Steve Schaefer