

42.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2010-0265 Special Use Permit Introduced

Special Use Permit for proposed collocation of additional antennas and assorted corresponding equipment to the existing rooftop and equipment space at New Samaria, 6700 W. Beloit Ave.

Introduced: 5/4/2010

Controlling Body: Safety & Development Committee
Plan Commission

COMMITTEE RECOMMENDATION

PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
MAY 04 2010			Barczak				
			Czaplewski				
		✓	Kopplin	✓			
			Lajsic				✓
			Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
			Vitale				✓
		Weigel					
		TOTAL		3			2

SIGNATURE OF COMMITTEE MEMBER

Pat Hall _____ _____
Chair Vice-Chair Member

COMMON COUNCIL ACTION

PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
MAY 04 2010			Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
		✓	Lajsic				✓
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale				✓
		Weigel				✓	
		TOTAL		7			3

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 Pat Dominick
Company Celcite Management Solutions
Address P.O. Box 1706
City Daphne State AL Zip 36526
Daytime Phone Number 251-626-5026
E-mail Address pat.dominick@celcite.com
Fax Number 251-626-5430
Project Name/New Company Name (if applicable) _____
T-Mobile #ML23181G

Agent Address will be used for all official correspondence.

Property Information

Property Address 6700 W. Beloit Ave.
Tax Key Number _____
Current Zoning _____
Property Owner Tri-Corp Housing, Inc.
Property Owner's Address 6700 W. Beloit Ave.
West Allis, WI 52319
Existing Use of Property Cellular rooftop installation
Total Project Cost Estimate: \$20,000.00
Previous Occupant _____

Agent is Representing (Tenant/Owner)

Name Kristina Kleszyk
Company T-Mobile Central, LLC
Address 2001 Butterfield Road, Suite 1900
City Downers Grove State IL Zip 60515
Daytime Phone Number 630-400-3397
E-mail Address Kristina.Kleszyk@T-Mobile.com
Fax Number _____

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 _____

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

Applicant or Agent Signature _____

Pat Dominick

Date: March 26, 2010

Subscribed and sworn to me this

_____ day of _____, 20 _____

Notary Public: _____

My Commission: _____

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

CITY OF WEST ALLIS

*** CUSTOMER RECEIPT ***

Oper: GNRCDDEV Type: DC Drawer: 1
Date: 4/23/10 01 Receipt no: 35162

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

Trans number: 896168

G/L account number:

10000004420107

CELCITE

GU	DEV LVL 3 SITE-ARCH PLN R	
	1.00	\$500.00

Trans number: 896169

G/L account number:

10000004420105

CELEITE

Tender detail

CK CHECK PAY	5389	\$1000.00
Total tendered		\$1000.00
Total payment		\$1000.00

Trans date: 3/31/10 Time: 15:29:14

*** THANK YOU FOR YOUR PAYMENT ***

Project Description: T-Mobile #ML23181G

Add 3 antennas onto the building within T-Mobile's existing array. Add 6 coax lines at 7/8" each. Add 3 tower mounted amplifiers. Add 1 pipe mounted transmitter within T-Mobile's existing rooftop equipment space, pipe to be attached to existing platform I-beam. Install conduit from the new transmitter to the existing electric service. Wire the new transmitter to the existing electric service. Install post mounted Ciena box with power, fiber and cat6 run to existing GSM cabinet.

**W-T COMMUNICATION DESIGN
GROUP, LLC**

2675 Pratum Avenue
Hoffman Estates, Illinois 60192
(224) 293-6333
FAX (224) 293-6444
www.wtengineering.com

LETTER OF TRANSMITTAL

DATE 3/24/10	JOB NO. T100215
ATTENTION:	
RE: ML23181G	

TO
City of West Allis
7525 West Greenfield Avenue
West Allis, WI 53214

WE ARE SENDING YOU,
THE FOLLOWING ITEMS:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attached | <input checked="" type="checkbox"/> Sent via UPS 2 Day Standard - 5pm |
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Prints <input type="checkbox"/> Plans |
| <input type="checkbox"/> Samples | <input type="checkbox"/> Specifications <input type="checkbox"/> Copy of Letter |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Other _____ |

COPIES	DATE	NO.	DESCRIPTION
1			Cover Sheet
1			Application
6			Zoning Drawings
1			Application check

THESE ARE THE TRANSMITTED as checked below:

- | | |
|---|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Reviewed |
| <input type="checkbox"/> For your use | <input type="checkbox"/> Furnish as corrected |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Rejected |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> Revise & Submit |

REMARKS:

COPY TO:

Revised 11/08 (mls)

SIGNED: _____

Please address all application related questions to:

Pat Dominick
Celcite Management Solutions
P.O. Box 1707
Daphne, AL 36526
office ... 251-626-5026
fax ... 251-626-5430
pat.dominick@celcite.com

If this app is accompanied by a check, please fax or mail the receipt to me.

Thank You