



CITY OF WAUKESHA
DEPARTMENT OF COMMUNITY DEVELOPMENT
 City Hall, 201 Delafield Street, Room 200
 Waukesha, WI 53188
 Phone (262) 524-3750 Fax (262) 524-3751

CONDITIONAL USE PERMIT APPLICATION

This application must accompany a Plan Commission Application along with the required fee.
 The Plan Commission may not make a decision on this request if the property owner is not present at the meeting.

DATE: 8/23/2018

NEW APPLICATION AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

NAME OF PROJECT OR BUSINESS: New Perspective Waukesha

LOCATION OF USE: SE corner of East Broadway and Les Paul Parkway

TYPE OF USE: Senior Housing

Is this a NEW use or is this use being relocated from somewhere else? New

If you are relocating a use, where are you relocating it from? No

Do you operate a use in other locations? ? (Circle one) YES NO

If yes, please explain: Locations in Wisconsin: Brookfield, Howard, Mequon, Brown Deer, Sun Prairie, Superior, West Bend

Will the use be occupying an existing building or will you be building a new building? EXISTING NEW

Hours and days of operation: 24 hours, 7 days a week

Number of Employees: Shift: Morning: 21, Afternoon: 6, Overnight: 3

Number of on-site parking stalls available: 86 surface and 35 enclosed for a total of 121

Length of permit requested (6 month, 1 year, 2 year, permanent): permanent

Current zoning: Institutional -1

Is a License required to operate this use? (Circle one) YES NO If yes, please attach a copy.

Name of licensing authority: Wisconsin Department of Health & Services

Will any hazardous materials be used? No

The following information must be attached to process the permit:

- A site map showing the location of the proposed site.
- A site plan showing the location of building(s), parking, landscaping, etc.
- A floor plan of the building showing how it will be used for the proposed use.
- If an existing building, a photo of the building.
- If new, complete development plans must be submitted per the development guidelines.
- If facade changes are proposed, plans must be submitted showing changes.
- A business plan if there is one; otherwise answer the questions on the back.

Please Note: If approved, this permit will be issued to the applicant only and will not be transferrable. This application will become null and void if required fees and materials are not submitted at time of application. Any physical changes made to the building may require the installation of additional fire protection systems. Please contact the Fire Marshal for further discussion.

Please attach a copy of your Business Plan if you have one.

If you do not have written Business Plan or choose not to share it, please answer the following questions:

1. What business will you be in? Senior Living Community featuring: Independent Living, Assisted Living, and Memory Care.

2. Explain your business' daily operations. Provide housing and assistance for seniors through different levels of care and service.

3. How will business be managed on a daily basis? It will be managed by the New Perspective Senior Living National Operating Group.

4. What are your products or services? We provide apartments accessible for seniors and services to help care for seniors. We have 3 levels of care: Independent Living, Assisted Living, and Memory Care.

5. Will your employees need additional parking? No, parking facilities are sized accordingly for employers and residents
6. Are employees required to have any certification(s)? Nurses are licensed and CNA require WI certifications: caregivers who work in memory care must be over 18 and have CBRF fire, standard precautions, first aid, choking training as well as medication administration if administering meds (which is logged on WI CBRF Green Bay registry)
7. Who is the owner of the building or premises where your business will be conducted?
JV with Boldt Capital and New Perspective Senior Living

8. If you are not owner of the building or premises where your business will be conducted, do you have a lease agreement with the owner? N/A

9. Are there any insurance requirements for your business? Auto, D&O/Crime/EPL, General Liability, Prof. Liability, Property, Umbrella, Workers Comp, Travel, Medical, dental and LT disability

10. Will you have property insurance? yes

11. Are there any noise considerations/concerns with your business operations? no

