



City of Waukesha
Department of Community Development
BOARD OF ZONING APPEALS
201 Delafield Street, Waukesha, WI 53188

Stamp Date Received

To the Board of Zoning Appeals: I hereby make an application for (choose one)

A variance from section _____ of the zoning code An appeal from the decision of the Zoning Inspector

For the property located at the following address: 1930 Bluemound Rd
(Address of property in question)

NOTICE: The Board meets on the first Monday of every month at 4:00 p.m. in the upper level hearing room (207) at Waukesha City Hall. **ATTENDANCE OF THE APPLICANT OR A REPRESENTATIVE IS REQUIRED.** Failure to appear could result in the application being acted on without the applicant's input, or it could result in the item being removed from the agenda, requiring the applicant to reapply and pay another filing fee.

The appeal or application must be filed with the Community Development-Planning Division at least 17 days before the Board's meeting and within 20 days of the Zoning Inspector's order or decision, accompanied by the filing fee of \$100.00.

ALL APPEALS FOR VARIANCES MUST INCLUDE PLANS SHOWING THE VARIANCES BEING REQUESTED.

Other types of applications may require different information, so the Community Development-Planning Division should be consulted before the application is submitted.

Applicant: (Person to receive notices)

Name: Allure Medical Spa, PLLC

Address: 8180 26 Mile Rd.

City & Zip: Shelby Twp. MI 48316

Phone: (586) 999-8300

E-mail: dennis@alluremedical.com

Owner of property:

1930 Building, LLC

Manager: Maralyn A Geason

Geason Asset Management Co. LLC

1424 Woodside Street

Hartland, WI 53029

Please describe present use of premises: banking office
Briefly describe below your proposal (attach other sheets as needed):

[Empty box for proposal description]

If this is an appeal from the decision of the zoning inspector, attach the following:

- 1) Copy of the decision or order rendered by the Zoning Inspector.
- 2) Statement of principal points on which appeal is based.

I hereby depose that the above statements and the statements contained in the papers submitted herewith are true and correct.

Applicant Signature

7/19/2018
Date

PLEASE NOTE: THIS FORM MUST BE ACCOMPANIED BY A \$100.00 FILING FEE

For Internal Use Only

Amount Paid: _____	Check # _____	Received by: _____
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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: 7/19/2018

NEW APPLICATION AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

NAME OF PROJECT OR BUSINESS: Vena, The Varicose Vein Institute
LOCATION OF USE: 1930 W. Bluemound Rd, Waukesha 53186
TYPE OF USE: Medical office

Is this a NEW use or is this use being relocated from somewhere else? Relocated
If you are relocating a use, where are you relocating it from? N4 W22370 Bluemound Rd, Waukesha WI 53188

Do you operate a use in other locations? ? (Circle one) YES NO
If yes, please explain: multi-location office providing varicose vein services

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

Hours and days of operation: Wednesday 9am-8pm, Friday 9am-5pm

Number of Employees: 1
Number of on-site parking stalls available:

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

Current zoning: M1
Is a License required to operate this use? (Circle one) YES NO If yes, please attach a copy.

Name of licensing authority:

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? medical office
2. Explain your business' daily operations. Caring for patients, and providing care with less risk than traditional methods
3. How will business be managed on a daily basis? By head quarters, the medical director and office Manager
4. What are your products or services? Minimally invasive, non-surgical Varicose vein treatments, botox, filler injections, and Aesthetic services
5. Will your employees need additional parking? No
6. Are employees required to have any certification(s)? physician license, nurse license
7. Who is the owner of the building or premises where your business will be conducted? Allure Medical Spc, PLLC
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? _____
9. Are there any insurance requirements for your business? general liability and physician malpractice
10. Will you have property insurance? general liability
11. Are there any noise considerations/concerns with your business operations? No