



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

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: 10-14-24

☒ NEW APPLICATION

☐ AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

Please describe your proposed use below in as much detail as possible. Be sure to include potential future growth, to avoid needing to come back for further approvals in the future. Some portions of the questionnaire below will not apply to all Conditional Use Permit applications. If there are relevant details which are not covered below, please attach a written narrative to explain them.

NAME OF PROJECT OR BUSINESS: TLC MASSAGE Therapy

LOCATION OF USE: 218 S. EAST AVE - WAUKESHA 53186

TYPE OF USE: MASSAGE therapy

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

If you are relocating a use, where are you relocating it from? _____

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

If yes, please explain: _____

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

Hours and days of operation: 2 DAYS A WEEK - During Day or Night (9am-8pm)

Number of Employees: 0 owner operated

Number of on-site parking stalls available: Driveway 3 spots

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

Current zoning: Residential

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

Name of licensing authority: STATE OF WI license # 17684.146 (Massage Therapist)

Will any hazardous materials be used? NO Issued 10-14-24

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 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? MASSAGE Therapy - ~~Relaxation~~
Relaxation - Therapeutic - Hot Stone massages
Table + chair massages
2. Explain your business' daily operations. To start off 1-2 massages on certain days I'm not grooming dogs
during day or night depends on client schedule
3. How will business be managed on a daily basis? MASSAGE Sessions
will be anywhere between 10-90 mins - one client at a time
4. What are your products or services? personalized massage based on
clients needs.
5. Will your employees need additional parking? NO
6. Are employees required to have any certification(s)? NO employees
7. Who is the owner of the building or premises where your business will be conducted?
Troy Cypert - Salon in backyard -
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? Yes
10. Will you have property insurance? Yes
11. Are there any noise considerations/concerns with your business operations?
NO

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.