



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: 11/18/2024

NEW APPLICATION AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

NAME OF PROJECT OR BUSINESS: Waukesha Cares Adult Day Program

LOCATION OF USE: 209 South St

TYPE OF USE: Day program

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? _____

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: 7 days A Week 8am-4pm

Number of Employees: 10

Number of on-site parking stalls available: _____

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

Current zoning: _____

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

Name of licensing authority: DHS Division of Quality Assurance

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? Day Program
2. Explain your business' daily operations. Day Program for residents to provide services for developmental disability residents, having group settings to help with daily living, social experience and enriched health.
3. How will business be managed on a daily basis? The business will be managed daily by program instructor who will have daily activities for the residents to do.
4. What are your products or services? ~~services~~ The services the adult program offers, planned group activities, working on daily living skills,
5. Will your employees need additional parking? NO
6. Are employees required to have any certification(s)? yes depending on job description
7. Who is the owner of the building or premises where your business will be conducted?
John Dzug
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? yes
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