

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: 6-20-18
☐ NEW APPLICATION ☐ AMENDMENT TO EXISTING CONDITIONAL USE PERMIT
NAME OF PROJECT OR BUSINESS: Brown Bear Schoolcare UC
LOCATION OF USE: 51/ Accardan Ave Warresha W.I 53/86
TYPE OF USE: Childcare
Is this a NEW use or is this use being relocated from somewhere else? <u>helocation</u>
If you are relocating a use, where are you relocating it from? 101 west sunset Drive.
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: Loan - 12am Monday - Saturday
Number of Employees: 0 10
Number of on-site parking stalls available:
Length of permit requested (6 month, 1 year, 2 year, permanent):
Current zoning: Conditional
Is a License required to operate this use? (Circle one) (YES) NO If yes, please attach a copy.
Name of licensing authority: Department of Children & Femily
Will any hazardous materials be used?
The following information must be attached to process the permit:
\square A site map showing the location of the proposed site.
\square A site plan showing the location of building(s), parking, landscaping, etc.
\square A floor plan of the building showing how it will be used for the proposed use.
\square If an existing building, a photo of the building.
\square If new, complete development plans must be submitted per the development guidelines.
\square If facade changes are proposed, plans must be submitted showing changes.
\square 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: What business will you be in? Chilchage 1. Explain your business' daily operations. Daily operations Carried for Chrildren capes lowers - 124 2. How will business be managed on a daily basis? Open at 10 cm 3. Shift rare then have and shift hours for fam that work to ights 4. Will your employees need additional parking? 1 5. Are employees required to have any certification(s)? \sqrt{eS} 6. 7. Who is the owner of the building or premises where your business will be conducted? 414-745-1494 If you are not owner of the building or premises where your business will be conducted, do you 8. have a lease agreement with the owner? $\sqrt{e5}$ Are there any insurance requirements for your business? \sqrt{eS} 9. Will you have property insurance? 10. Are there any noise considerations/concerns with your business operations? 11.