



Lutheran Social Services
of Wisconsin and Upper Michigan, Inc.

December 13, 2017

647 W. Virginia Street, Suite 200
Milwaukee, WI 53204
414/246-2300
FAX 414/246-2524
www.lsswis.org

VIA HAND DELIVERED

Jennifer Andrews, Department Director
City of Waukesha
Community Development
201 Delafield Street, Room 200
Waukesha, WI 53188

SUBJECT: Rezoning of 2000 W. Bluemound Rd. for Aspen Center CBRF (f/k/a Genesis House)

Dear Jennifer Andrews:

Please find enclosed for your review, and approval by the Plan Commission and Common Council, a request from Lutheran Social Services of Wisconsin & Upper Michigan, Inc. ("LSS") to rezone the Property located at 2000 W. Bluemound Rd. from M-3 Limited Business and Industrial Park District to I-1 Institutional District for use as a community-based residential facility ("CBRF").

Please note that LSS requests that the City approve the rezoning, but that the rezoning should occur conditioned upon approval of a CBRF license from the Wisconsin Department of Health Services.

Chapter 22.42 of the Waukesha Municipal Code, Section (4) e., holds that permission for a CBRF, as defined in Section 50.01(1)(g), Wisconsin Statutes, is a Conditional Use in the I-1 zoning, provided certain density and minimum living area requirements:

- "Density shall not exceed 22 units per acre"

The parcel is 2.1 acres in size, netting an allowable 46.2 units. The Property will include 13 units (capacity for 22 beds with shared occupancy), which is below the allowable density.

- "Minimum living area of five hundred (500) square feet for a one-bedroom dwelling unit and a minimum living area of seven hundred fifty (750) square feet for a two-bedroom or larger dwelling unit"

The Property, once renovated, will include 13 efficiency apartments with a living area of 1,107 GSF per dwelling unit, exceeding the requirements for the minimum living area.

The following documents are enclosed with this letter for approval:

- Application for Review (by the Plan Commission)
- 7 copies of the Plan of Operation
- Conditional Use Permit Application
- Petition for Amending the City of Waukesha's Zoning Ordinance
- 4 full-size and 7 reduced copies of the Building Plans

Motivated by the compassion of Christ,
we help people improve the quality of their lives.

- Check for \$680, representing the Application Fees:
 - \$350 for Rezoning
 - \$330 for Conditional Use Permit (\$200 + \$10 x 13 units)
- Digital copy to follow by e-mail to jandrews@waukesha-wi.gov

If you have any questions, or need additional information, please do not hesitate to contact Debra Adamus, Program Manager, by phone at 262-510-7367 or email at Debra.Adamus@lsswis.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Arzbecker", with a long horizontal flourish extending to the right.

Joseph Arzbecker
Chief Operating Officer

Encl.



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: 12/4/17

NEW APPLICATION AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

NAME OF PROJECT OR BUSINESS: Genesis House

LOCATION OF USE: 2000 W Bluemound Road

TYPE OF USE: Residential - Community-Based Residential Facility (CBRF)

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

If you are relocating a use, where are you relocating it from? 1002 Motor Ave

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

If yes, please explain: The Motor Ave. location is currently operating as the same use

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/365 days

Number of Employees: 14

Number of on-site parking stalls available: 35+

Length of permit requested (6 month, 1 year, 2 year, permanent): 10 years

Current zoning: M-3

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

Name of licensing authority: Community-Based Residential Facility (CBRF) - Wisconsin Department of Health

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? See attached "Plan of Operation"

2. Explain your business' daily operations. _____

3. How will business be managed on a daily basis? _____

4. What are your products or services? _____

5. Will your employees need additional parking? _____
6. Are employees required to have any certification(s)? _____
7. Who is the owner of the building or premises where your business will be conducted?

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? _____
10. Will you have property insurance? _____
11. Are there any noise considerations/concerns with your business operations? _____

PETITION FOR AMENDING

THE CITY OF WAUKESHA'S ZONING ORDINANCE

We, the undersigned, being owners of all or part of the area involved, humbly petition the Common Council of the City of Waukesha to rezone the following described property from

M-3 to Institutional

Legal Description:

See attached "legal description"

The reasons for this rezoning petition are:

changed the use of the property to a Community-Based Residential Facility (CBRF)

Signature of Owner(s): Lutheran Social Services of WI & Upper MI, Inc.



Owner's Name (printed): Dennis Hanson, Executive Director

Address of Owner: 647 W Virginia Street, Suite 200

Milwaukee, WI 53204

Phone Number of Owner: 414-246-2300



**CITY OF WAUKESHA
PLAN COMMISSION**

Application for Review

Date Submitted

Name of Project: Genesis House

Address (If no address, location): 2000 W Bluemound Rd.

Applicant information:

Name: Dennis Hanson, Executive Director Housing Services
 Company Name: Lutheran Social Services of WI & Upper MI, Inc.
 Address: 647 W Virginia Street, Suite 200
Milwaukee, WI 53204
 Phone: 414-246-2300

Owner information:

Name: same as applicant
 Company Name: _____
 Address: _____
 Phone: _____

IMPORTANT: A DIGITAL copy must be submitted with this application (JPG and/or PDF) along with 4 full-size (one of which must be in COLOR) and 7 reduced copies unless waived by the department. The reduced set of copies should only include the project location map showing a ½ mile radius, a COLORED landscape plan, COLORED building elevations, and exterior light fixture cut sheets.

<u>TYPE OF REVIEW</u>	<u>FEE</u>
<input checked="" type="checkbox"/> Rezoning: Attach <u>COPY</u> of rezoning petition <u>along with fee</u> . Original must be submitted to City Clerk.	\$350
<input type="checkbox"/> Certified Survey Map	\$150 + \$50/lot
<input type="checkbox"/> Plat Review - <i>Plat Reviews</i> are held until next meeting. 9 copies must be submitted. You must also submit 4 to the County and 2 to State. (Check appropriate box)	<input type="checkbox"/> prelim.: \$500 + \$10/lot <input type="checkbox"/> final: \$300 + \$10/lot
<input type="checkbox"/> ** Site Plan & Arch. Review - Architectural changes do not need preliminary review. (Check appropriate box)	<input type="checkbox"/> prelim.: \$300 + \$15/1000 sq.ft. or res. unit <input type="checkbox"/> final: \$200 + \$10/1000 sq.ft. or res. unit
<input checked="" type="checkbox"/> ** Conditional Use with Site Plan (Check appropriate box)	<input type="checkbox"/> prelim.: \$300 + \$15/1000 sq.ft. or res. unit <input checked="" type="checkbox"/> final: \$200 + \$10/1000 sq.ft. or res. unit
<input type="checkbox"/> Conditional Use (No Site Plan)	\$200
<input type="checkbox"/> ** Airport Hangar Review	\$300
<input type="checkbox"/> Home Industry (Attach info sheet.)	\$100
<input type="checkbox"/> House Move	\$150
<input type="checkbox"/> Street Vacation	\$150
<input type="checkbox"/> Other (specify): _____	\$100
<input type="checkbox"/> ** PUD Review	\$400 added to S.P.A.R. fee
<input type="checkbox"/> PUD Amendment	\$100
<input type="checkbox"/> Annexations and/or Attachments - Original must be submitted to City Clerk.	No Fee
<input type="checkbox"/> Resubmittal	\$150

** Please attach to this form a Review Checklist if it involves an architectural and/or site plan review.

DEADLINE FOR THE SUBMITTAL IS THE MONDAY FOUR WEEKS BEFORE THE MEETING BY 4:00 P.M.

INTERNAL USE ONLY			
Amount Due: _____	Check #: _____	Amount Paid: _____	Rec'd By: _____

Rev. 03/2015

DATE	12/5/2017	CHECK NUMBER	252678
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INVOICE NUMBER	INVOICE DATE	VOUCHER NUM	DESCRIPTION	NET AMOUNT
CR550	12/4/2017	Vchr: VO402863	## REZONING APPLICATION FEE	\$680.00
PRINT BATCH	VENDOR CODE	PAY TO NAME	NET TOTAL	
10,501	07260	CITY of WAUKESHA	\$680.00	

THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS



Lutheran Social Services
of Wisconsin and Upper Michigan, Inc.
647 W. Virginia Street Suite 300
Milwaukee, WI 53204
414-325-3125

First Business Bank
P.O.Box 1970
Brookfield, WI 53008-1970

79-1790/759

DATE	12/5/2017	CHECK NUMBER	252678
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PAY Six hundred eighty and 00 / 100 Dollars Only *****

AMOUNT	\$680.00
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TO THE
ORDER
OF
CITY of WAUKESHA
201 DELAFIELD STREET
WAUKESHA WI 53188-3693



Walter N. ...

252678 075917908 203231300