



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: 5/23/2017

☒ NEW APPLICATION

☐ AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

NAME OF PROJECT OR BUSINESS: Tender Reflections of Waukesha

LOCATION OF USE: Broadway Street across from Rempe Drive

TYPE OF USE: Assisted Living focused on Memory Care (CBRF)

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

If you are relocating a use, where are you relocating it from? N/A

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

If yes, please explain: Current Operations in Weston, Elkhorn, Germantown, Deforest & Manitowoc

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

Hours and days of operation: 24/7

Number of Employees: 10 employees on at any one shift, approximately 40 new jobs

Number of on-site parking stalls available: 39

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

Current zoning: REZONE REQUEST SUBMITTED

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

Name of licensing authority: Department of Health & Safety - Granted upon Certificate of Occupancy

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? Tender Reflections (TR) provides assisted living to the frail and elderly population and those suffering from memory impairment such as Alzheimer's and Dementia.

2. Explain your business' daily operations. TR provides necessary room and board as well as medication management and oversees the direct care of its residents.

3. How will business be managed on a daily basis? TR is managed by Sanctuary Care Group (SCG) under common ownership between TR/SCG

4. What are your products or services? Provide Assisted Living care for the frail and elderly.

5. Will your employees need additional parking? No. Resident population does not drive.
6. Are employees required to have any certification(s)? No
7. Who is the owner of the building or premises where your business will be conducted?
ICM Holdings, LLC
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? N/A
9. Are there any insurance requirements for your business? Significant insurance requirements
10. Will you have property insurance? Yes
11. Are there any noise considerations/concerns with your business operations? Our business operates very quietly 24/7

