



Application for Conditional Use Permit

Applicant Name: Alliance Family Services

Address: 2915 60th St. City: Kenosha

State: WI Zip: 53140

Telephone: 262-355-8020 Cell Phone: 262-287-7160

Email: scross@alliancefamilyservices.org

Agent Name: Steve Cross

Address: 2915 60th St. City: Kenosha

State: WI Zip: 53140

Telephone: Cell Phone: 262-287-1760

Email: scross@alliancefamilyservices.org

Property Address (Es): 121 Lake Ave. Racine, WI 53403

Current Zoning: Residential

Current/Most Recent Property Use: Residential, events

Proposed Use: Medical use/transitional housing





DEPARTMENT OF CITY DEVELOPMENT



The application will be evaluated using the standards of Sec. 114-154 of the Municipal Code (below). Please use the space to justify and explain how your proposal addresses these conditions; use an additional sheet if necessary.

- (1) The establishment, maintenance, or operation of the conditional use will not be detrimental to, or endanger, the public health, safety, morals, comfort, or general welfare;

We assist low-income women who are in crisis pregnancy situations. We seek to assist them with various social services and provide encouragement.

- (2) The conditional use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish and impair property values within the neighborhood;

We generally have no more than 4 clients in at any one time. All of our services would take place within the building and there would be no excessive noise or traffic.

- (3) The establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district;

No activities of our establishment would impede the development or improvement of the surrounding property.

- (4) Adequate utilities, access roads, drainage and/or necessary facilities have been or are being provided;

The utilities, access roads, drainage and necessary facilities as they currently stand are adequate for our needs and no changes are necessary.

- (5) Adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets;

The number of clients and/or staff in the building at any given time would not exceed the number of parking spaces that we have access to.

- (6) The proposed conditional use is not contrary to the objectives of the current land use plan for the city; and

Our plans for the building would not be contrary to the current land use plan for the city.

- (7) The conditional use shall, in all other respects, conform to the applicable regulations of the district in which it is located, except as such regulations may, in each instance, be modified pursuant to the recommendations of the plan commission.

We will conform to all other applicable regulations of this district.





If the required supplemental materials, which constitute a completed application, are not submitted, the application will not be processed.

Required Submittal Format

1. An electronic submission via email/USB drive/CD/Download link; and
2. One (1) paper copy, no larger than 11" x 17" size.

Required Submittal Item	Applicant Submitted	City Received
1. Conditional Use Review Application	<input checked="" type="checkbox"/>	
2. Written description of project, including: a. Hours of operation b. Anticipated delivery schedule c. Maintenance plan d. General use of the building and lot	<input checked="" type="checkbox"/>	
3. Site Plan (drawn to scale), including: a. Fully dimensioned property boundary b. All buildings (existing and proposed) c. Setbacks from property lines d. Identification as to whether all elements are "Existing" or "Proposed" e. Dimensioned parking spaces and drive aisle layout f. Trash enclosure location and materials g. Loading spaces h. Fire hydrant locations i. Location of signage, with setbacks	<input checked="" type="checkbox"/>	
4. Zoning Analysis Table a. Land area (in acres and square feet) b. Building area (in square feet) c. Setbacks (required yards in feet) d. Floor Area Ratio (building area divided by lot area) e. Lot Coverage (building footprint divided by lot area) f. Height of all buildings and structures g. Percentage of greenspace (landscaped areas divided by lot area) h. Parking spaces	<input type="checkbox"/>	
5. Landscape Plan a. Bufferyards b. Parking Areas c. Screening and fencing locations d. Plant lists including the following: Latin and Common Names, Number of each planting material, and Size at planting.	<input type="checkbox"/>	



Alliance Family Services is a non-profit that provides medical services at no charge to our patients. We provide ultrasounds, STI testing, pregnancy tests, prenatal care, well-women exams, and breastfeeding consultations. We also provide parenting classes, mentoring, financial literacy training and material assistance (diapers, wipes, clothing, etc.). Our Client Services Director is a Masters level social worker that will meet with clients to help them achieve their goals pertaining to employment, housing, transportation, etc. We have 8 employees that would be operating out of this center.

We currently operate another transitional housing program in Kenosha that has been very successful. It has primarily been utilized by women who are pregnant and find themselves homeless for one reason or another. We only offer it to women who are serious about achieving their goals and just need temporary assistance on the path to achieving their goals. We have strict rules about what is expected in the home and they have to sign something saying that they would be asked to leave if they violate those rules. Each woman works with our social worker to formulate a plan beforehand and they meet regularly to assess progress. The women are expected to be working or completing school/job training programs, saving money, learning how to handle their money and other life skills. They have a curfew that they are expected to abide by, unless we've made an exception for work or other valid reasons. The building has separate entrances for our residents and patients so that there is some separation between our residents and patients.

Written description of project:

- a. Hours of operation: Monday, 12:00 pm-7:00 pm; Wednesday, 9:00 am-3:00 pm; Friday, 9:00 am-3:00 pm
- b. Anticipated delivery schedule: We do not have regular deliveries that occur. We will have occasional deliveries (Amazon, FedEx, etc.) with office supplies and other operational necessities.
- c. Grow Rite landscape will handle our landscaping in the summer and snow removal in the winter. We have a person on staff that will handle minor repairs and maintenance and anything more significant, we will contract out.
- d. We are planning on utilizing nearby public parking for our staff and to use our parking spaces for our clients. We typically do not have more than 2-4 clients in at a time. We have separate entrances that our short-term renters will use when coming in and out of the building. We will primarily have tenants living on the north side of the first floor, basement and 3rd floor and utilize the south side of the first floor for client care. The 2nd floor will be used for offices and counseling

3. Site Plan

- a. Attached to application
- b. All buildings are existing.
- c.
- d. We are proposing to create an enclosure for the garbage cans and a sliding door on the first floor to separate the dining area for our tenants from the waiting room of the clinic.
- e. We have 11 parking spots, measuring about 16 feet long and 8 feet wide. There is one entrance into the parking lot from 11th street and one exit that goes northbound on Lake Ave.
- f. We are proposing a wooden, garbage can enclosure in our parking lot.
- g. There is loading space between our parking lot and our building.
- h. The nearest fire hydrant is just across 11th street and is shown on our property boundary map that is enclosed.
- i. We are proposing a small sign, that is low to the ground in the grassy area on the northwest corner of our lot. It would setback about 6 feet from the sidewalk.



Required Submittal Item	Applicant Submitted	City Received
6. Lighting Plan a. Location of light fixtures b. A cut sheet of light fixtures with indication of cut-offs or shielding c. Illumination diagram indicating intensity of lighting on the property.	<input type="checkbox"/>	
7. Floor Plan a. Preliminary floor plan layout of all buildings/structures b. Labels for the type of use of the area c. Labels for square footage of the area	<input checked="" type="checkbox"/>	
8. Engineering Plan a. Stormwater Plan (Drainage pattern, flow, detention) b. Existing and proposed roadway and access configurations c. Cross access	<input type="checkbox"/>	
9. Signage Plan a. dimensioned color elevations of signage b. A diagram showing the location of the proposed signage	<input type="checkbox"/>	
10. Building/site elevations (if new building or exterior changes planned) a. Building elevations showing all four sides of the buildings in color b. Elevation of trash enclosure area	<input type="checkbox"/>	
11. Building Material Samples (if making exterior changes)	<input type="checkbox"/>	
12. Review Fee	<input checked="" type="checkbox"/>	

Acknowledgement and authorization signatures

A conditional use is not like a building permit; applying does not mean it will be approved.

The approval may contain conditions related to the improvement of the site which must be met prior to the issuance of a building occupancy permit. Conditions related to the operational aspect(s) of the business must be complied with at all times. That, in the event site improvement work required by ordinance cannot be completed prior to desired occupancy, a financial assurance, at 100% of the improvement estimate, guaranteeing completion of the required improvements must be placed on file with the City of Racine. Estimates and Assurance documents are subject to the review and final approval by the City. Improvements may include but are not limited to landscaping, fencing, lighting, pavement surfacing and sealing, dumpster enclosures, and exterior building improvements;

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application.

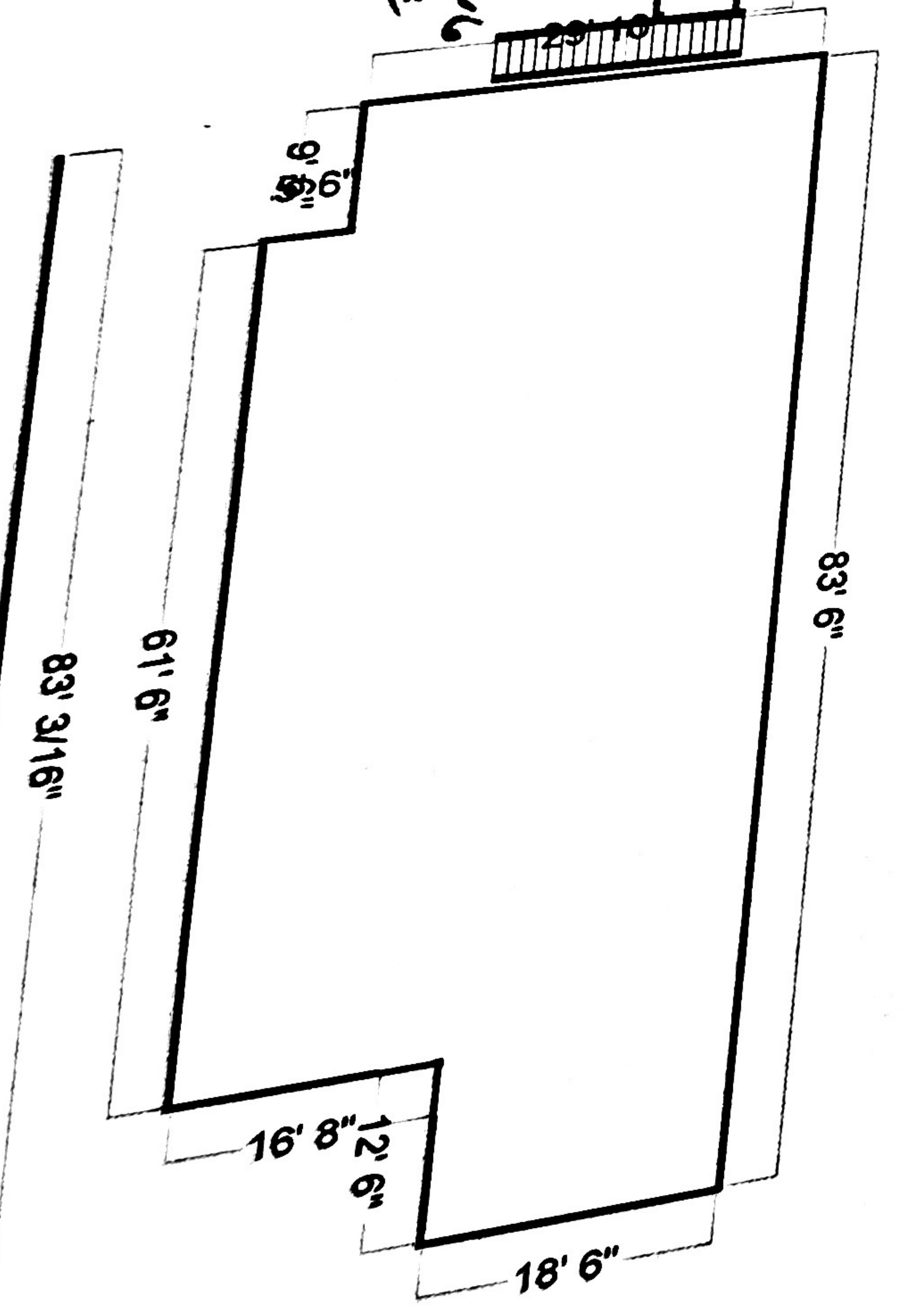
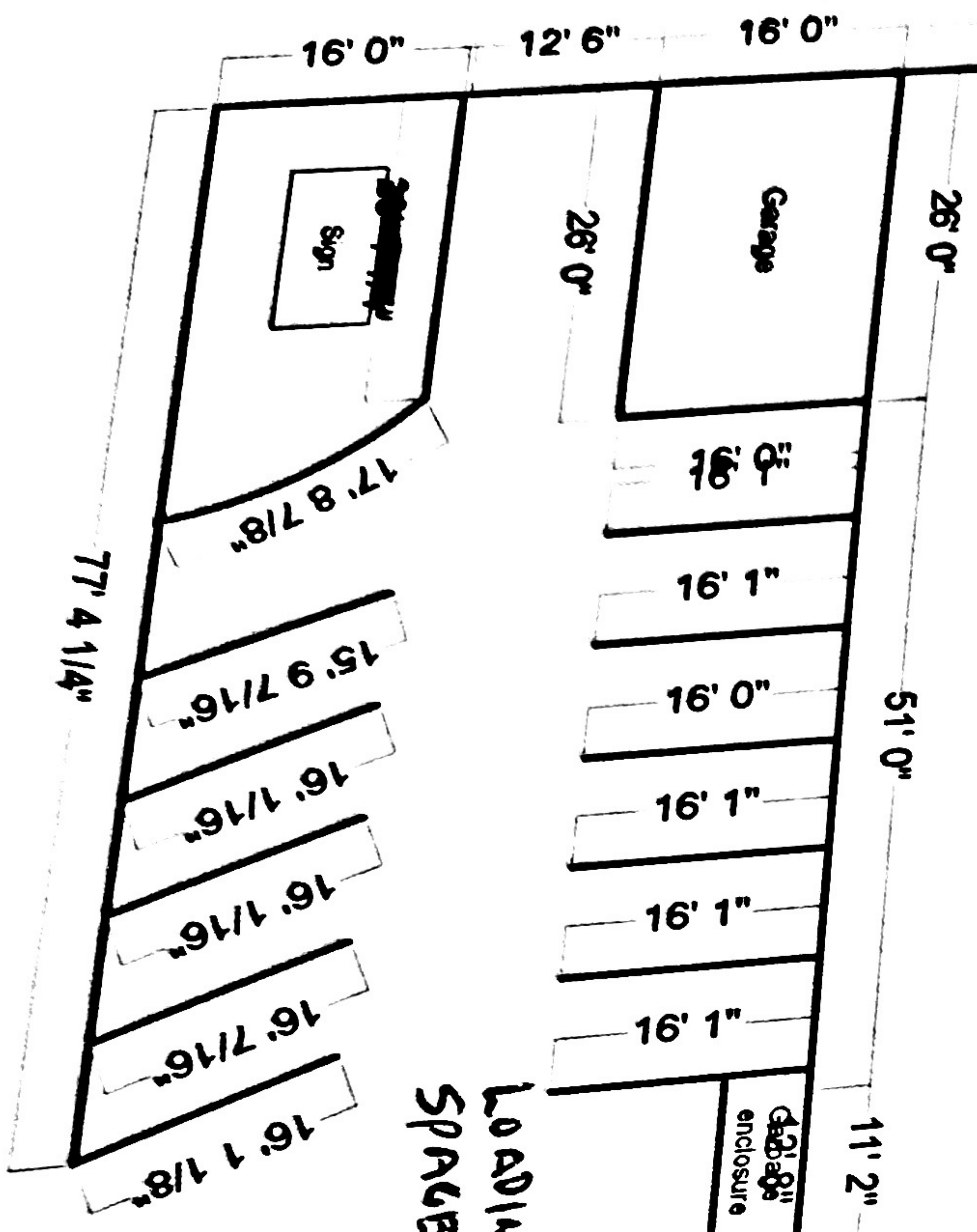
Owner Signature (acknowledgement and authorization):  Date: 4/10/24

Applicant Signature (acknowledgement):  Date: 4/10/24

FIRE HYDRANT

11th street

153' 4"



East

PROPERTY BOUNDARY

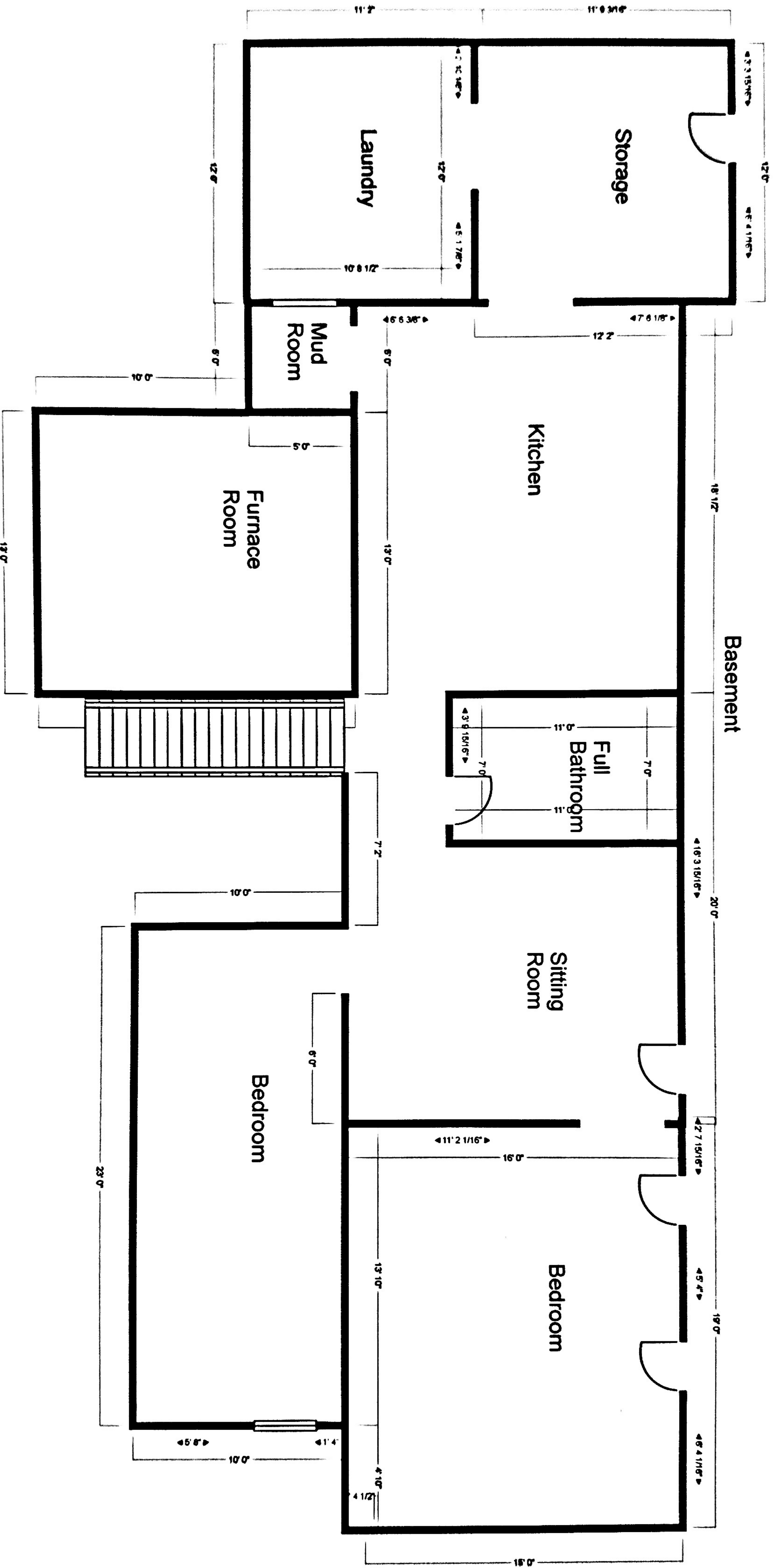
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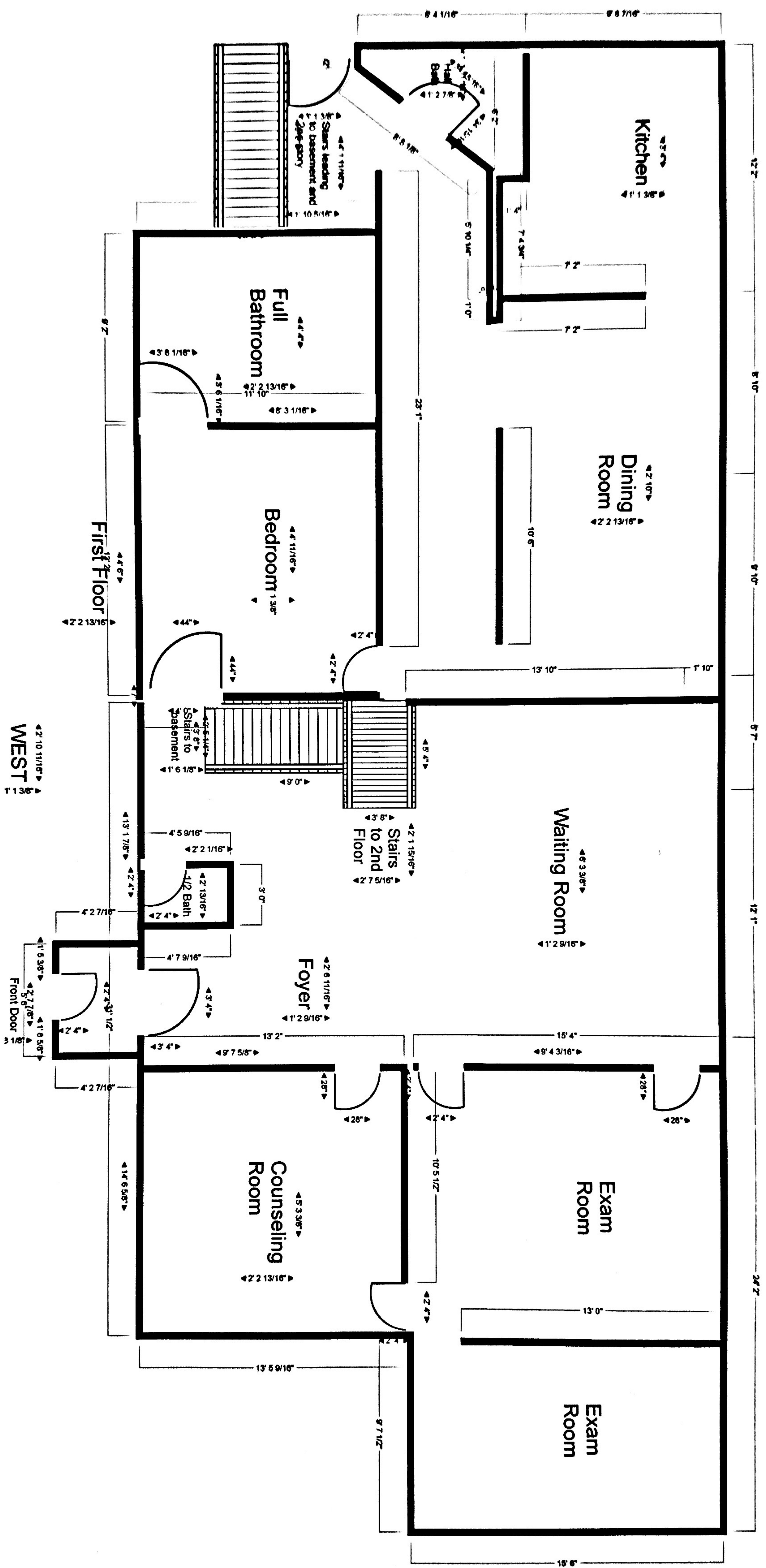
100' 2"

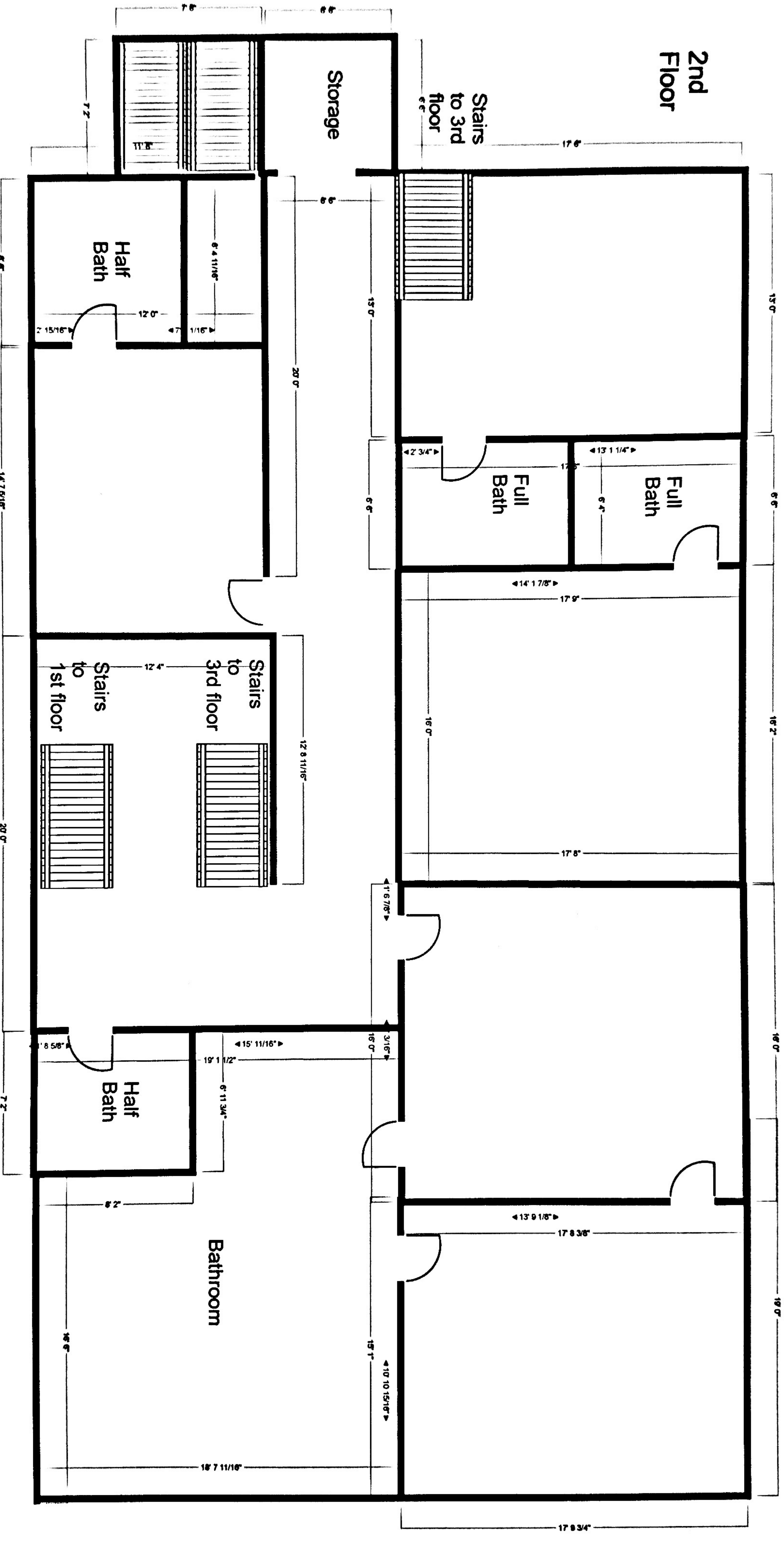
39' 6"

53' 6"

EAST







3rd Floor

