



CITY OF RACINE

APPLICATION FOR CONDITIONAL USE

Department of City Development
730 Washington Ave., Rm. 102
Racine, WI 53403
Phone: 262-636-9151
Fax: 262-635-5347

NOTE: Incomplete or illegible submittals will not be scheduled for Plan Commission or Common Council Consideration.

PLEASE CLEARLY PRINT ALL INFORMATION REQUESTED BELOW. **IF NOT APPLICABLE, INDICATE WITH A "N/A" IN THE BLANK:**

APPLICANT NAME: Felisha Edwards #E202
ADDRESS: STREET 700 W. Michigan Street **CITY:** Milwaukee **STATE:** WI **ZIP:** 53233
EMAIL ADDRESS: felishaedwards29@yahoo.com
TELEPHONE: 262-822-6287 **CELL PHONE:** 262-822-6287 **FAX:** —

AGENT NAME: _____
ADDRESS: STREET _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
EMAIL ADDRESS: _____
TELEPHONE: _____ **CELL PHONE:** _____ **FAX:** _____

ADDRESS OF PROPOSED CONDITIONAL USE: 1819 State Street
CURRENT / MOST RECENT PROPERTY USE: _____
PROPOSED USE: Childcare/Daycare
NUMBER OF LEGAL, ON-SITE PARKING SPACES: 5 + off street non-metered parking
NUMBER OF DWELLING UNITS: 2
SQUARE FEET OF BUILDING (PER FLOOR): 4430
SQUARE FEET TO BE USED FOR CONDITIONAL USE (PER FLOOR): 3500

NUMBER OF EMPLOYEES: FULL-TIME 2-10 **PART-TIME:** 2
PROPOSED HOURS/DAYS OF OPERATION: 5am - 11:59pm Mon-Sun
ITEMS AVAILABLE TO CUSTOMERS BEYOND HOURS OF OPERATION (IE: ATM, VACUUM, FUEL PUMP, ETC.) -None-

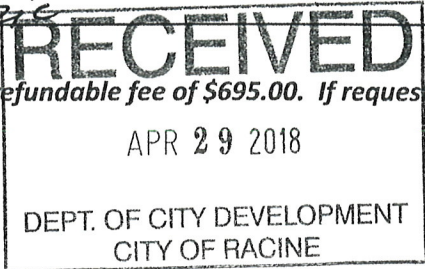
PLEASE CHECK THE APPROPRIATE BOX REGARDING YOUR INTEREST IN THE PROPERTY:

OWNER _____ **OPTION TO PURCHASE** _____ **LEASE** **LAND CONTRACT** _____ **OTHER** _____

OWNER & APPLICANT AUTHORIZATION

If you currently are not the owner of the property for which the Conditional Use is requested, the owner/s must also sign this form, or provide a separate written, dated, and signed statement that authorizes the applicant to process the request.

Applicant: Date: 4/30/18 **Signature:** Felisha Edwards
Print Name: Felisha Edwards
Property Owner's Consent: Date: 4/30/18 **Signature:** Milana Kozic (LEXA PROPERTIES LLC.)
Print Name: MILANA KOZIC



****Please submit this application and submittal requirements together with a non-refundable fee of \$695.00. If request is submitted with a rezoning request, the combined non-refundable fee is \$1,120.00.**

(Go to Page 2 for Submittal Requirements)...

PLAN OF OPERATION

Address of Business:

1819 STATE STREET RACINE WI. 53404

Name of Business:

EPIC MINDS CHILDCARE CENTER INC.

Type of Business:

CHILDCARE CENTER/DAYCARE CENTER

Hours and days of operation:

Sunday-Saturday 5:00am-11:59pm

Number of employees:

There will be at least 2-10 employees, more upon increased enrollment

A detailed description of the proposed operation:

The premises will be used to operate a childcare facility. This facility will provide childcare to children ages 6 weeks to 12 years. EPIC INC. will provide a safe learning environment for children. Every child that enters and exits the building will be tracked on a child tracking sheet. Meals and snacks will be served to the children in care. Children will have daily age appropriate activities.

Describe land uses next to the property:

To the north of the premises is a senior living apartment complex. To the south of the building is residential houses. To the west a boutique that share is the building with our daycare, west of the boutique is the center parking lot and west of the parking lot is a duplex residential house that a family lives in. East of the facility is a empty concrete field.

Describe the area your operation will serve:

The facility will serve parents in the immediate surrounding community as well as clients that are outside of the community that are in need of childcare.

Does your location provide on- site parking? There will be approximately 4-5 stalls for employee parking located in the parking lot. There is also non metered parking available on State Street.

Deliveries pickups and drop offs:

We do not anticipate many deliveries. However any deliveries will be made through the parking lot entrance. All deliveries will be done only through the parking lot entrance. Child pick up's and drop off's will be done through the front main door located on state street.

Number of children per shift:

30-60 children per shift ages 6 weeks-12 years of age

The facility is independently owned and operated

The children will be picked up and dropped off at the parking lot entrance and will be walked through the front door on State Street.

Felisha Edwards can be reached at 262-822-6287 24 hours a day.

Supplemental daycare transportation information:

Parents personal vehicle (30%)

Daycare Van Service (35%)

County or School Bus (30%)

Walking (5%)

Two daycare vans will be needed to transport children to and from the center. The vehicles will park in the parking lot when children are dropped off and picked up.

School buses will use the same plan as the daycare vehicles when loading and unloading.

Parents will park their cars in the parking lot or on State Street when loading and unloading.

There will be 4-5 stalls for employee parking on the lot. There is also parking on State Street.

Outdoor play area:

The size of the play area is about 2200 square feet which is adequate for three shifts of 22 children each.

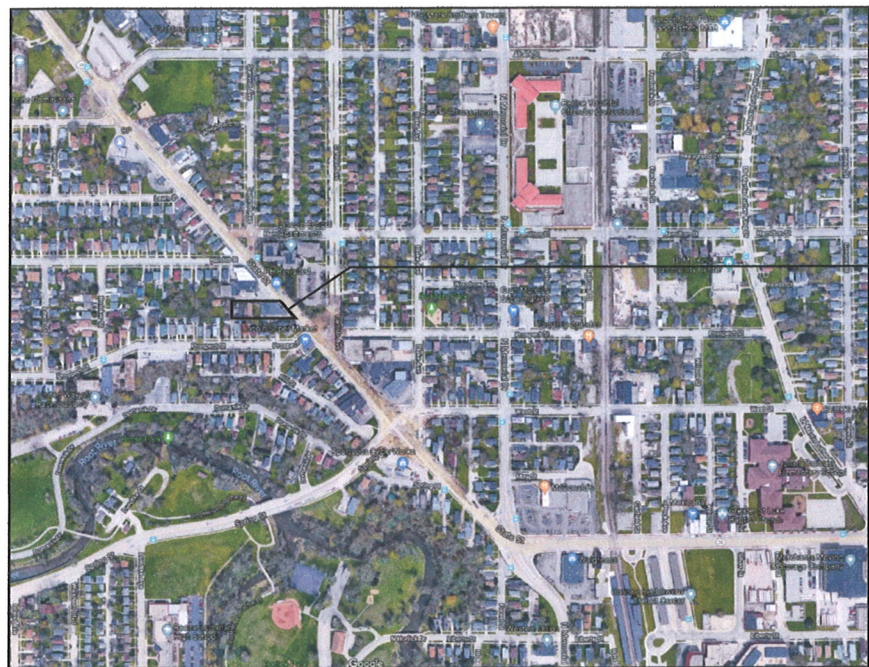
There will be 30-60 children utilizing the play area per day but never at the same time.







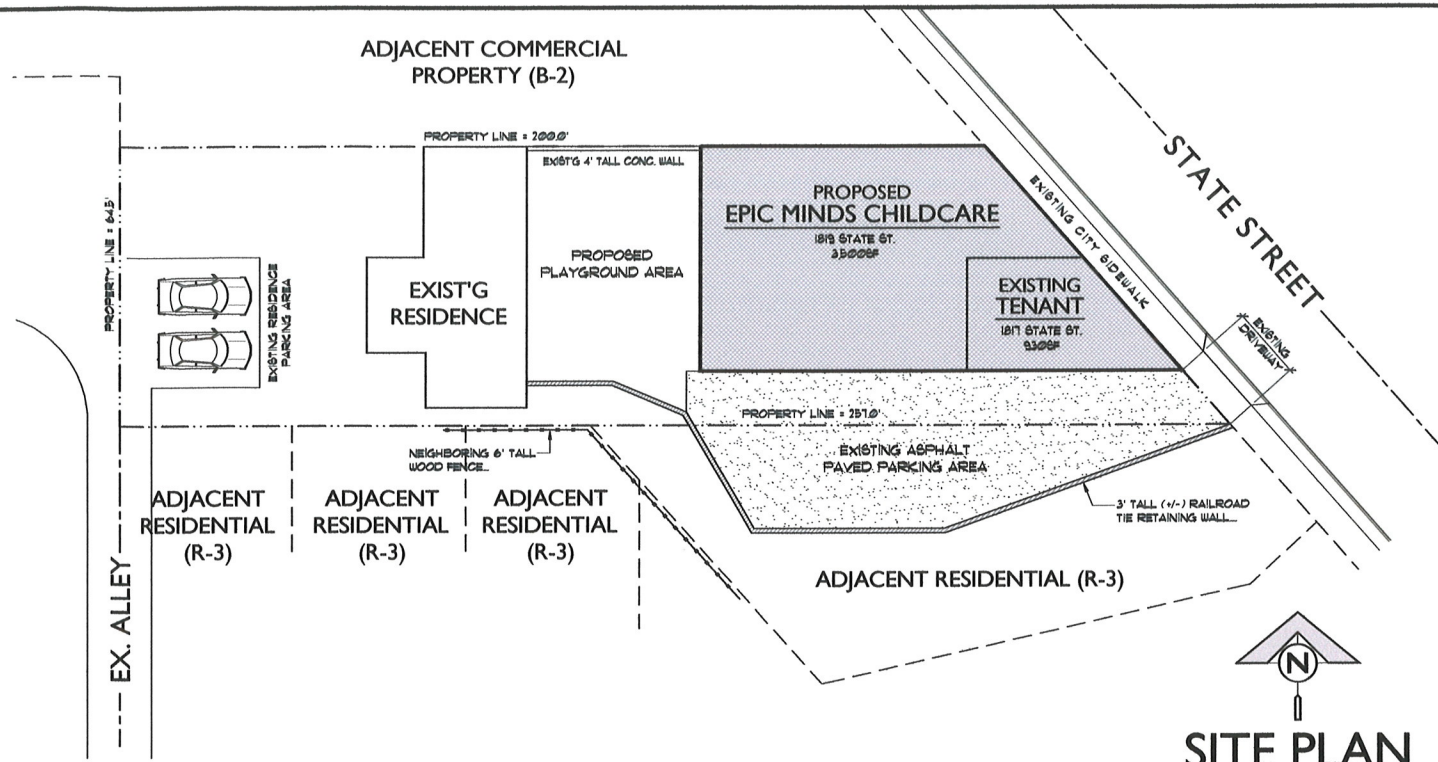




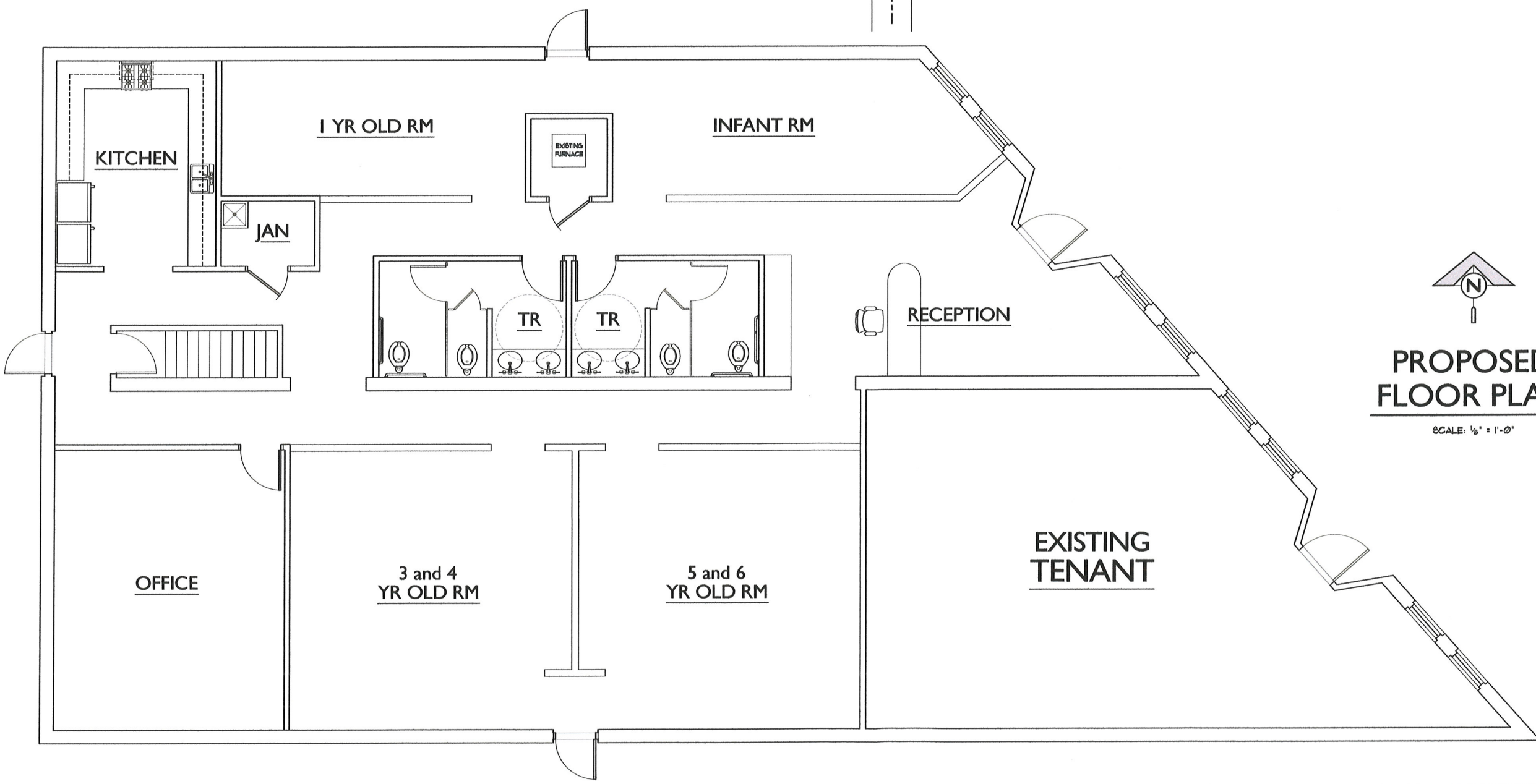
1819 STATE ST



PROJECT LOCATION
NO SCALE



SITE PLAN
SCALE: 1" = 20'-0"



PROPOSED FLOOR PLAN
SCALE: 1/8" = 1'-0"

EPIC MINDS CHILDCARE INC.
1819 STATE STREET
RACINE, WI 53404

BUTTERFIELD, RUDIE & SEITZ, INC.
920 GOULD STREET
RACINE, WISCONSIN

ARCHITECTURE ■ ENGINEERING ■ PLANNING
PHONE: (262) 694-5565
EMAIL: info@BRS-Architects.com

**Butterfield
Rudie
& Seitz**

BRS PROJECT NO.
25-18
MAY 2, 2018

REVISIONS

SHEET NO.
1 of 1