



Application for Conditional Use Permit

Applicant Name: Jarnail Singh		
Address: 5900 STEFANIE WA	Y	City: CALEDONIA
State: WI Zip: 53108		
Telephone: 2623702428	Cell Pho	ne: 2623702428
Email: JARNAIL@OLYMPIC	LIQUOR.CO	M
Agent Name: JARNAIL SINGH		
Address: 5900 STEFANIE WA	PART THE RESERVE AND ADDRESS OF A STREET	City: CALEDONIA
State: WI Zip: 53108		
Telephone: 2623702428	Cell Pho	ne:
Email: JARNAIL@OLYMPIC	LIQUOR.COM	M
Property Address (Es): 1627 DOU	JGLAS AVE	RACINE WI-53404
Current Zoning:		
Current/Most Recent Property Use:	COMMERC	IAL
Proposed Use: ADULT DAY CA	ARE	







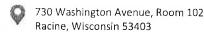




The application will be evaluated using the standards of Sec. 114-154 of the Municipal Code (below). Please use the space to justify and explain how your proposal addresses these conditions; use an additional sheet if necessary.

- (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
 - The adult day care will be used as an adult day care program for individuals with disabilities.(Recreational activities, supervision support, information and referral clints)
- (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:
 - The adult day care will follow all city and state regulations degarding codes
- (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;
 - The adult day care will not have any bearing on other properties or establishments.
- (4) Adequate utilities, access roads, drainage and/or necessary facilities have been or are being provided;
 - Adult day care adequate utilities and other necessities will be provided by the owner
- (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; Adult day care parking and entrance will be located in the rear of the building in order to mange client safety and parking congestion.
- (6) The proposed conditional use is not contrary to the objectives of the current land use plan for the city; and No changes will be made to the land or property.
- (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.

All city and state as well as county regulations will be followed and enforced









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.		tional Use Review Application		
2.		en description of project, including:		
		Hours of operation		
		Anticipated delivery schedule		
		Maintenance plan		
		General use of the building and lot		
3.		lan (drawn to scale), including:		
i		Fully dimensioned property boundary		
		All buildings (existing and proposed)		
		Setbacks from property lines		
-	d.	Identification as to whether all elements are "Existing" or		
2. "		"Proposed"		
		Dimensioned parking spaces and drive aisle layout		
	f.	Trash enclosure location and materials		
	_	Loading spaces		
	h.	Fire hydrant locations		
	i.	Location of signage, with setbacks		
4.		g Analysis Table		
		Land area (in acres and square feet)		
		Building area (in square feet)		
		Setbacks (required yards in feet)		
		Floor Area Ratio (building area divided by lot area)		
		Lot Coverage (building footprint divided by lot area)		
	f.		L	
		Percentage of greenspace (landscaped areas divided by lot area)		
		Parking spaces		
5.		cape Plan		
		Bufferyards		
		Parking Areas		
		Screening and fencing locations		
	d.	Plant lists including the following: Latin and Common Names,		
		Number of each planting material, and Size at planting.		











Required Submittal Item	Applicant Submitted	City Received
6. Lighting Plan	11.0	
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.		
7. Floor Plan		
a. Preliminary floor plan layout of all buildings/structures	0	
b. Labels for the type of use of the area		
c. Labels for square footage of the area		
8. Engineering Plan		
a. Stormwater Plan (Drainage pattern, flow, detention)		
b. Existing and proposed roadway and access configurations		
c. Cross access	1.0	
9. Signage Plan		
a. dimensioned color elevations of signage		
b. A diagram showing the location of the proposed signage		
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		
11. Building Material Samples (if making exterior changes)		
12. Review Fee		

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 constitut are true and correct. I am fully aware that any misrepresentation of any informati	
be grounds for denial of this application.	,
Owner Signature (acknowledgement and authorization):	Date:
Applicant Signature (acknowledgement):	Date:







Adult day Care Plan Hours-8pm-5pm) no deliveris needed - if so rear of Bldg. 3.) Maintenance - All maintienance and repairs voice be done by ou Douking and entrance in rear 6) no changes to lighting 7) no additional signage

