

Village of Mukwonago
440 River Crest Court, P.O. Box 206
Mukwonago, WI 53149
Phone: (262) 363-6420
Fax: (262) 363-6425
www.villageofmukwonago.com

VILLAGE OF MUKWONAGO
CONDITIONAL USE PERMIT APPLICATION
Application Fee: \$450

Date Submitted: _____

CONTACTS

Zoning and Planning Department

Contact: Bruce Kaniewski
Phone: (414) 339-4105
Fax: (262) 363-6425
Email: planner@villageofmukwonago.com

GUIDELINES

The undersigned petition is to consider a request, as stated herein, for the specified parcel(s) of land and will be reviewed by the Plan Commission and Village Board of the Village of Mukwonago.

Conditional use applications require a public hearing. To ensure the public hearing will be properly advertised, the application must be submitted **at least 30 days prior to the meeting** in which the Plan Commission will hold the public hearing. The Plan Commission meets on the second Tuesday of each month at 6:30 p.m.

Materials listed on page 3 must be provided to the Village of Mukwonago in accordance with Village Municipal Code Chapter 100-354 and other pertinent sections of Village ordinances, WI Stats. 62.23, and as necessary to permit review that is consistent with proper planning practice. The Village will strive to accommodate reasonable requests for informal preliminary staff review, however the Village shall not place any items on the agenda for Plan Commission consideration until such time as the application is complete in accordance with all requirements specified on this and other attached application forms.

Mail completed applications to: Village Planner
ATTN: Conditional Use Permits
PO Box 206
Mukwonago, WI 53149
Deliver to: Village Clerk's Office
440 River Crest Court
Email to: planner@villageofmukwonago.com

Complete, accurate and specific information must be entered. Please Print.

APPLICANT (Full Legal Name)

Name: Russ Legg
Company: Aurora Health Care
Address: 8901 W. Lincoln Avenue City: West Allis State: WI Zip: 53227
Daytime Phone: 414.328.6015 Fax: _____
E-Mail: russell.legg@aurora.org

APPLICANT IS REPRESENTED BY (Full Legal Name)

Name: Russ Legg
Company: Aurora Health Care
Address: 8901 W. Lincoln Avenue City: West Allis State: WI Zip: 53227
Daytime Phone: 414.328.6015 Fax: _____
E-Mail: russell.legg@aurora.org

ARCHITECT

Name: Steve Raasch
Company: Zimmerman Architectural Studios
Address: 2122 W. Mount Vernon Ave. City: Milwaukee State: WI Zip: 53233
Daytime Phone: 414.918.9500 Fax: _____
E-Mail: steven.raasch@zastudios.com

PROFESSIONAL ENGINEER

Name: Tom Olejniczak, PE
Company: Harwood Engineering Consultants
Address: 255 North 21st Street City: Milwaukee State: WI Zip: 53233
Daytime Phone: 414.918.5554 Fax: _____
E-Mail: tom.olejniczak@hecl.com

REGISTERED SURVEYOR

Name: Andy Wilkowski
Company: JSD (Designed the overall development, not a CSM)
Address: N22 W22931 Nancys Court Suite 3 City: Waukesha State: WI Zip: 53186
Daytime Phone: 262.513.0666 Fax: _____
E-Mail: andy.wilkowski@jsdinc.com

CONTRACTOR

Name: Roberta Oldenburg
Company: Mortenson Construction
Address: 17975 West Sarah Lane City: Brookfield State: WI Zip: 53045
Daytime Phone: 262.792.2930 Fax: _____
E-Mail: roberta.oldenburg@mortenson.com

PROPERTY AND PROJECT INFORMATION

Present Zoning: B3 Tax Key No(s): Part of Tax Key no. 1962996001 +/- 1.68 acres

Address/Location: 120 Chapman Farm Boulevard

A. I/We request a conditional use permit for:

Medical Clinic

B. The property is presently used as:

Existing property is currently being prepared for development

C. Name of Architect, Professional Engineer, or Contractor: Mortenson Construction

D. Project Timetable: Start Date: April 2018 Completion Date: December 2018

E. All of the Proposed Use(s) of the property will be:

Principal Use Medical Clinic

Secondary Use _____

Accessory Use _____

F. I/We represent that I/we have a vested interest in this property in the following manner:

- Owner
- Leasehold. Length of Lease: _____
- Contractual. Nature of contract: _____
- Other. Please explain

PROCEDURAL CHECKLIST FOR CONDITIONAL USE REVIEW AND APPROVAL

This form is designed to be a guide for submitting a complete application for a conditional use.

Application Submittal Packet Requirements for Village and Applicant Use (Check off List)

Application:

- Completed application form including the procedural checklist and justification of the proposed conditional use.
- Application fee: \$450
- Agreement for Reimbursable Services (separate application)

Required site drawings:

- Survey of the property
- Landscape plan
- Parking plan (including parking computations)
- Lighting plan (including photo metrics)
- Proposed location and connection to the sanitary sewer and water mains
- Drainage plan (if applicable)
- All building elevations
- Floor plans

Other Documents:

- Plan of operation/proposal
- Overview of the adjoining lots (including list of parcel identification numbers and names and mailing addresses of the current owners for all properties within 300 feet of the subject property)
- Electronic Submittals are required.** Email (or CD ROM) with all plans and submittal materials in Adobe PDF to planner@villageofmukwonago.com.
- Any additional information as determined by Village staff

JUSTIFICATION OF THE PROPOSED CONDITIONAL USE

The Plan Commission and Village Board of the Village of Mukwonago will base their decisions on the category standards listed below. It is in the best interest of the applicant to base their presentation on the same applicable set of standards when presenting their petition. **Applicant: Please fill out ALL of the questions. Use additional sheets of paper if needed.**

- A. How is the proposed conditional use (the use in general, independent of its location) in harmony with the purposes, goals, objectives, policies and standards of the Village of Mukwonago Comprehensive Plan, the Zoning Ordinance, and any other plan, program, or ordinance adopted, or under consideration pursuant to official notice by the Village?

The proposed use is intended to improve access to health care, in turn enhancing the welfare of the community.

- B. How is the proposed conditional use, in its specific location, in harmony with the purposes, goals, objectives, policies and standards of the Village of Mukwonago Comprehensive Plan, the Zoning Ordinance, and any other plan, program, or ordinance adopted, or under consideration pursuant to official notice by the Village?

The proposed use is consistent with other uses in both nearby properties and as indicated in the Mukwonago
Comprehensive Plan. A medical clinic is an acceptable use per the Zoning Ordinance.

- C. Does the proposed conditional use, in its proposed location and as depicted on the required site plan (see Section 100-354 (a), (b), and (c)), result in any substantial or undue adverse impact on nearby property, the character of the neighborhood, environmental factors, traffic factors, parking, public improvements, public property or rights-of-way, or other matters affecting the public health, safety, or general welfare, either as they now exist or as they may in the future be developed as a result of the implementation of the provisions of the Zoning Ordinance, the Comprehensive Plan, or any other plan, program, map ordinance adopted or under consideration pursuant to official notice by the Village or other governmental agency having jurisdiction to guide development?

The proposed conditional use will not have an impact on nearby property, the character of the neighborhood, environmental factors, traffic factors, parking, public improvements or the rights-of-way. General welfare of the community will be improved by increasing access to health care.

- D. How does the proposed conditional use maintain the desired consistency of land uses, land use intensities, and land use impacts as related to the environs of the subject property?

The proposed development is an approved conditional use for this particular zoning type and will meet village ordinance guidelines for land use.

- E. Is the proposed conditional use located in an area that will be adequately served by and will not impose an undue burden on, any of the improvements, facilities, utilities or services provided by public agencies serving the subject property?

The development will be serviced by public utilities from the public right of way. The proposed conditional use is not expected to place a burden on any public facilities, utilities, or services.

- F. Do the potential public benefits of the proposed conditional use outweigh all potential adverse impacts of the proposed conditional use (as identified in Sections 100-354 (e)(1) and (2)), after taking into consideration the Applicant's proposal and any requirements recommended by the Applicant to ameliorate such impacts?

Improved access to health care will have a positive impact on the welfare of the community and outweigh any minimal adverse impacts.

CERTIFICATION

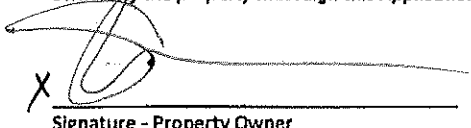
Applicant hereby certifies that:

1. All of the above statements and other information submitted as part of this application are true and correct to the best of his or her knowledge.
2. Affirms that no Village of Mukwonago elected or appointed official or employee has a proprietary interest in the above referenced property for which this applications being filed (except as stated below under "Exceptions").
3. None of the above referenced individuals has been promised or given any contract for consultation, planning or construction in relation to this project (except as stated below under "Exceptions").
4. Applicant has read and understands all information in this packet.

Applicant further understands the policies of the Village regarding change of zonings and property development. Conditions of the resolution regarding all approvals are strictly followed. Certificates of Occupancy are not given until all conditions of approval have been met

By the execution of this application, applicant hereby authorizes the Village of Mukwonago or its agents to enter upon the property during the hours of 7:00 am to 7:00 pm daily for the purpose of inspection. Applicant grants this authorization to enter even if this land has been posted against trespassing pursuant to Section 943.13 WI Stats.

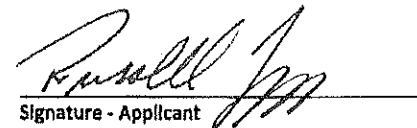
(The applicant's signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below, and a signed property owner's authorization letter may be provided in lieu of the property owner's signature[s] below. If more than one, all of the owners of the property must sign this Application).

X 

Signature - Property Owner

STEVE ANDERSON, MEMBER
Name & Title (PRINT)

11/7/17
Date



Signature - Applicant

RUSSELL LEGGETT, CONST MANAGER
Name & Title (PRINT)

11/7/2017
Date

Signature - Property Owner

Name & Title (PRINT)

Date

Signature - Applicant's Representative

Name & Title (PRINT)

Date

FOR OFFICE USE ONLY			
Date Paid <u>11/20/17</u>	Receipt # <u>18668.1158</u>	Date(s) Notice Published <u>11-28/12-5-17</u>	Date Notices Mailed <u>12-1-17</u>
Public Hearing Date <u>12-12-17</u>	Plan Commission Date(s) <u>12-12-17</u>	Village Board Date(s) <u>12-19-17</u>	Resolution Number
Escrow Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Escrow Amount	
Plan Commission Disposition			
Village Board Disposition			