



Village of Bayside
Plan Commission Meeting
October 21, 2020
Remote Teleconferencing, 6:00 pm

**PLAN COMMISSION
AGENDA**

PLEASE TAKE NOTICE: Due to the COVID-19 Pandemic, the Plan Commission will be meeting via remote teleconferencing at the above noted time and date, at which the following items of business will be discussed and possibly acted upon:

I. CALL TO ORDER AND ROLL CALL

II. PUBLIC HEARING

A. The purpose of this hearing is to consider the request for a Conditional Use Permit for an ownership change for the Community Based Residential Facility at 8820 N Rexleigh Drive.

1. Public Discussion
2. Commission Discussion

III. APPROVAL OF MINUTES

A. Plan Commission meeting minutes, July 16, 2020.

IV. BUSINESS

A. Discussion/Recommendation on the request for a Conditional Use Permit for an ownership change for the Community Based Residential Facility at 8820 N Rexleigh Dr.

V. ANY OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE COMMISSION

VI. ADJOURNMENT

Lynn Galyardt
Administrative Services Director
October 2, 2020

The Plan Commission will utilize Zoom videoconferencing software for this meeting. To join the Zoom meeting using a computer or tablet, visit

<https://us02web.zoom.us/j/81545816311?pwd=bnY5MzNkanhJVmNhMVZaMXlTMnUzUT09>

Meeting ID: 815 4581 6311; Password: 155527

Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. Contact Village Hall at 414-206-3915. It is possible that members of and possibly a quorum of members of other Boards, Commissions, or Committees of the Village including in particular the Board of Trustees may be in attendance in the above-stated meeting to gather information; no action will be taken by any other Boards, Commissions, or Committees of the Village except by the Board, Commission, or Committee noticed above. Agendas and minutes are available on the Village website (www.baysidewi.gov)

STATE OF WISCONSIN - VILLAGE OF BAYSIDE - MILWAUKEE & OZAUKEE
COUNTIES

NOTICE OF PUBLIC HEARING

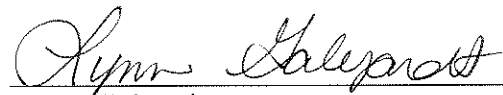
In the Matter of the Request for a Conditional Use Permit for an ownership change for the Community Based Residential Facility at 8820 N Rexleigh Dr, (021-0150-001).

PLEASE TAKE NOTICE due to the COVID-19 Pandemic, the Plan Commission will be meeting via remote teleconferencing. A public hearing will be held before the Plan Commission of the Village of Bayside on October 21, 2020 at 6:00 pm. The purpose of the public hearing is to consider:

The Request for a Conditional Use Permit for an ownership change for the Community Based Residential Facility at 8820 N Rexleigh Dr, (021-0150-001).

PLEASE TAKE FURTHER NOTICE that at such time and place, all interested parties will be heard via remote teleconferencing on this matter

DATED this October 1, 2020



Lynn Galyardt
Administrative Services Director



I. CALL TO ORDER AND ROLL CALL

Chairperson Walny called the meeting to order at 5:34 pm via remote teleconferencing.

ROLL CALL

Chairperson: Eido Walny
Commissioners: Mike Barth
Ari Friedman
Edward Harris-excused
Jeff Jubelirer-excused
John Krampf
Marisa Roberts

II. PUBLIC HEARING

- A. The purpose of this hearing is to consider the request for a Conditional Use Permit for The Essential Hair Studio at 8850 A. N Port Washington Road.**

Chairperson Walny read the above notice and called for public discussion at 5:36 pm

1. Public Discussion

Daniel Marusic from Ogden Company appeared on behalf of the Essential Hair Studio stating this would be a small hair salon.

2. Commission Discussion

Acting Chairperson Barth stated it did not appear that parking would be an issue. Mr. Marusic stated only one or two spots would be needed.

Acting Chairperson Barth closed the public hearing at 5:39pm.

III. APPROVAL OF MINUTES

- A. Plan Commission meeting minutes, October 17, 2019.**

Motion by Commissioner Roberts, seconded by Commissioner Krampf, to approve the Plan Commission meeting minutes, October 17, 2019. Motion carried unanimously.

IV. BUSINESS

- A. Discussion/Recommendation on the request for a Conditional Use Permit for The Essential Hair Studio at 8850 A. N Port Washington Road.**

Motion by Commissioner Krampf, second by Commissioner Friedman, to recommend to the Board of Trustees the request for a Conditional Use Permit for the Essential Hair Studio at 8850 A. N. Port Washington Road. Motion carried unanimously.

V. ANY OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE COMMISSION

VI. ADJOURNMENT

Motion by Commissioner Roberts, seconded by Commissioner Friedman, to adjourn the meeting at 5:40pm.

Respectfully submitted,

Lynn Galyardt
Administrative Services Director

Conditional Use Permit Plan of Operation

Please Answer all questions and attach additional sheets as necessary. If you do not answer a question, provide a justification for why it does not apply to you.

New Conditional Use Permit

Amended Conditional Use Permit

Address of Business: 8820 N. Rexleigh Dr.

Brief overview of specific uses of entire property or lease space and summary of type of business planned: The planned business shall operate an eight-bed Community-Based Community Residential Facility.

A brief description of on-site operations: Operations will include on-site housing and care for eight residents with varying conditions and disabilities. Services includes meal preparation, toileting, prescription medication dispensing, and transportation to medical appointments.

Legal description of property: CERTIFIED SURVEY MAP NO 3305 SW 4-8-22 PARCEL 1
7 bedroom, 3 full/1 half bath masonry/frame residence

Tax Key ID Number/Parcel Number: 85-1400278

Zoning of property: 1-Residential

Lot size or lease space size (in square feet): 20636

Building dimensions and number of floors: Single story U-shaped building 60' x 60' 3066 sq.ft.

Total floor area (in square feet): Basement 3066 First Floor 3066

Number of shifts and maximum number of employees per shift: Three (3) - Eight (8) hour shifts
One (1) employee per shift normal, max of three (3) with manager and licenses nurse on site for temporary visits

Days and hours of operation: Seven (7) - Twenty-four (24) hours

Frequency of deliveries to site and type(s) of vehicles that will deliver: Three times per week
Standard UPS delivery van/truck

Projected traffic circulation: _____

Signage (type, lighting, size, location, existing or new etc.) *All signs must be approved by the ARC: None. Standard residential light post in yard

Describe proposed on-site security measures: Security alarm system and external camera providing coverage on front, rear, side and garage doors. Smoke/Fire detection and Fire/Sprinkler system installed.

Describe the noise, odors, glare, dust, potential fire hazards, or smoke resulting from the proposed use: None above normal residential location.

Status of interior plans requiring State approval: None required based on current license

Status of State License(s) and/or Certificate(s) required for operation: WI DHS Probationary license expected no later than Oct 1, 2020

List the timetable for completion of all building construction or interior construction/remodeling and the anticipated opening date: No construction planned - Existing building in operation meets projected needs.

Anticipated maximum number of facility users and visitors at one time (including special events): Maximum of Eight residents and One visitor per resident plus staff
Total 20

Total number of estimated parking spots needed for operation: Circular drive and parking current parking pad is sufficient for operations.

Dumpster enclosure and trash removal: Three garbage and Three recycling containers

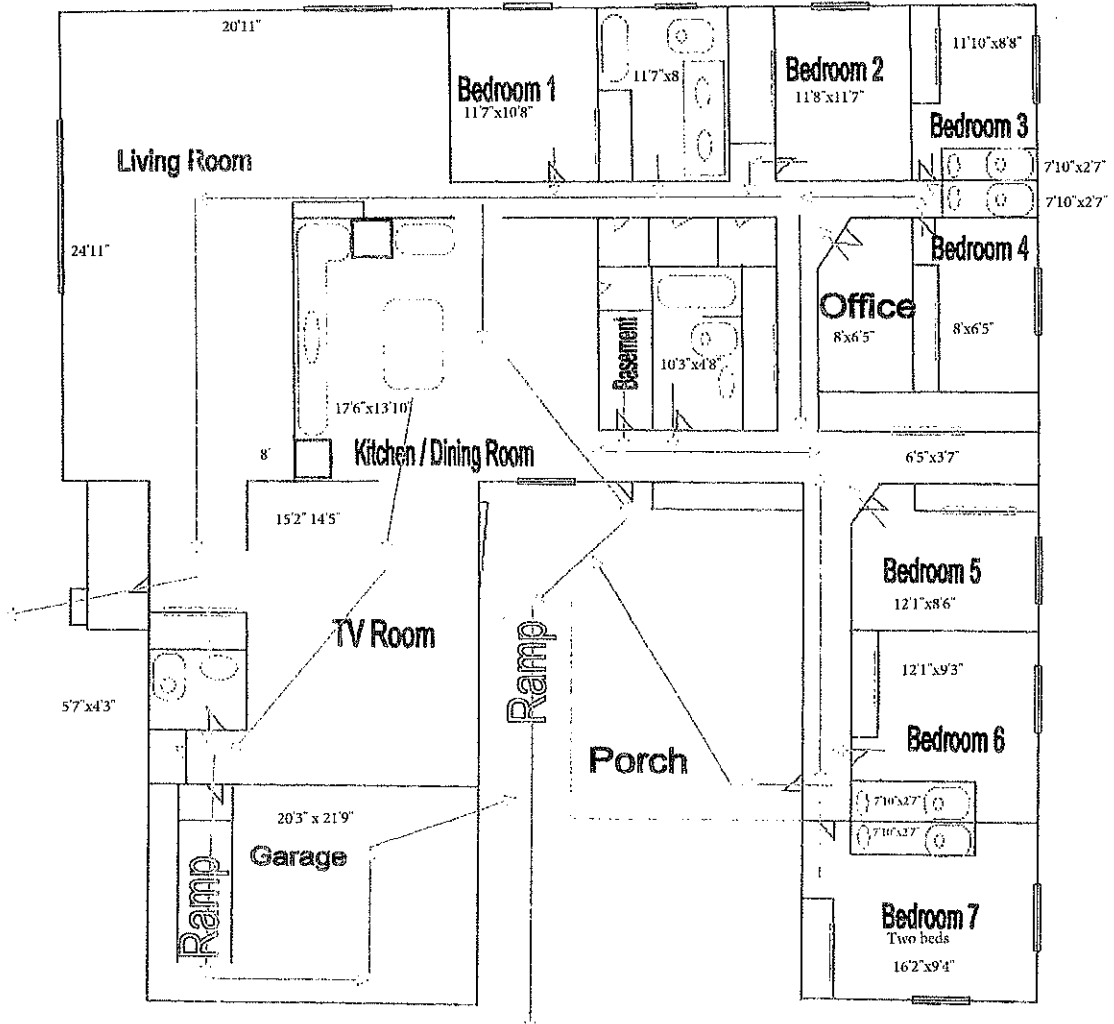
Does the applicant have the legal authority to act for and obligate the company or corporation? Yes No

Does the applicant have the legal authority to act for and obligate the property owner? Yes No

Is the property owner(s) knowledgeable of the request for a Conditional Use? Yes No

Does the property owner agree with the Conditional Use request? Yes No

Signature of applicant (s) SARA Ingele Date 8/20/2020



The meeting place is by the mailbox.

October 6, 2020

The State of Wisconsin is requesting the Plan Commission identify any hazards regarding the CBRF Bayside Group Home at 8820 N Rexleigh Drive. The Health, Police, and North Shore Fire/Recue Department, as well as the Communications Center have been contacted and are not aware of any hazards.

Lynn Galyardt
Administrative Services Director

CBRF IDENTIFICATION OF HAZARDS REQUEST

This is a request for identification and description of the type and extent of any specific hazards that may affect the health and safety of the residents of a proposed Community Living Arrangement. This request is being made in compliance with s. 50.03(4)(a)(3), Wis Stats, for Community Based Residential Facilities (CBRF) which states that:

The Department (of Health and Family Services) shall request that the Planning Commission or Agency send to the Department within 30 days a description of any specific hazards which may affect the health and safety of the residents of the Community Based Residential Facility. No license may be granted to a Community Based Residential Facility until the 30-day period has expired or until the Department receives the response of the Planning Commission or Agency, whichever is sooner.

Receipt of this form also serves as notification that a Community Living Arrangement, as defined in s. 46.03(22), Wis Stats, is being proposed in your community. Completion of this form is not mandatory. Return this form to the address on the accompanying letter.

Name - Planning Commission or Agency LYNN GALYARDT / VILLAGE OF BAYSIDE	Date Sent 8/5/2020
--	-----------------------

Address
9075 NORTH REGENT ROAD

City, State, Zip Code
BAYSIDE, WI 53217

Name - Proposed CBRF
BAYSIDE GROUP HOME

Facility Address
8820 NORTH REXLEIGH DRIVE

City, State and Zip Code
BAYSIDE, WI 53217

Name - Prospective Licensee
SARA IZGELOV

Prospective Licensee Address
3240 NORTH 52ND STREET

City, State and Zip Code
MILWAUKEE, WI 53216

IDENTIFY THE GENERAL TYPES OF DISABILITY CATEGORIES THIS PROGRAM WILL SERVE

ADVANCED AGE	IRREVERSABLE DEMENTIA/ALZHEIMER'S
PHYSICALLY DISABLED	
TERMINALLY ILL	
DEVELOPMENTALLY DISABLED	
EMOTIONALLY DISTURBED/MENTAL ILLNESS	

Number of Residents
8

TO BE COMPLETED BY THE PLANNING COMMISSION OR AGENCY

Identify and describe any specific hazards that may affect the health and safety of resident of this proposed facility. See the reverse side for a list of possible hazards with space for comments. Attach additional pages if necessary.

- A. Hazards identified (identify on reverse side)
- B. NO hazards identified
- C. NO hazard investigation conducted

SIGNATURE - Person Conducting Investigation	Date Signed
---	-------------

EXAMPLES OF POTENTIAL HAZARDS

This is not a complete list but a guide to the kind of information that may apply.
Indicate any additional hazards not on this list.

NATURAL HAZARDS

1. Is there an open pit or quarry near the proposed facility?
2. Is there an unguarded body of water nearby?
3. Is the proposed facility located on floodplain?
 - a. flood way, or
 - b. flood fringe?What is the regional (or 100 year) flood elevation?

MAN-MADE HAZARDS

1. Is the quality of air in the neighborhood of the proposed facility adversely affected by pollution?
2. Is there a level of noise pollution being generated from any particular sources in the surrounding area which could negatively affect the health or safety of the residents?
3. Are there any obnoxious odors from any source?
4. Is the proposed facility located by or on a heavily used highway or major thoroughfare?

PROBLEMS WITH SUPPORT SERVICES

1. Are local police and fire department services accessible in case of an emergency?
2. Are health care facilities accessible for both normal and emergency services?
3. Are there any hazards which a resident of the proposed facility would encounter go to or from:
 - a. Elementary and secondary schools, or adult vocational schools (where applicable);
 - b. Places of employment, including sheltered workshops (where applicable); or,
 - c. Other commonly used facilities such as parks, recreational centers, libraries, etc.?

COMMENTS: