

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: MONDAY, APRIL 9, 2018 **TIME:** 6:30PM **LOCATION:** MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965

		COMMITTEE MEMBERS	
		Ald. Mike Freel, Chair	Ald. Ed Wojnicz
		Mayor Brian Landers	Ald. Ben Anderson
AGENDA ITEMS			
1	CALL TO ORDER AND ATTENDANCE NOTED		
2	APPROVAL OF THE MARCH 12, 2018 MEETING MINUTES		
3	DISCUSSION/DECISION ON APPLICATION FOR TAXICAB SERVICE LICENSE RESUBMITTED BY RICARDO ACOSTA FOR SPEEDY CAB, FOR THE LICENSING PERIOD THOUGH APRIL 1, 2019		
4	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF FIREWORK SALES LICENSES FOR THE LICENSING PERIOD OF MAY 1, 2018 THROUGH APRIL 30, 2019 RECEIVED FROM: <ul style="list-style-type: none"> a. RICHARD CHRISTENSEN b. BRIAN HOLZEM c. MAURER'S MARKET 		
5	DISCUSSION/DECISION ON APPLICATION FOR RENEWAL OF RIDING STABLE/HORSES FOR HIRE LICENSE RECEIVED FROM DELLS ADVENTURE DEVELOPMENT FOR BEAVER SPRINGS RIDING STABLES FOR THE LICENSING PERIOD OF MAY 1, 2018 THROUGH APRIL 30, 2019		
6	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF SEASONAL WORKFORCE HOUSING FACILITY LICENSES FOR THE LICENSING PERIOD OF MAY 1, 2018 THROUGH APRIL 30, 2019 RECEIVED FROM: <ul style="list-style-type: none"> a. IZIK COHEN FOR 817 OAK STREET b. NASH PROPERTIES, LLC FOR 410 WISCONSIN AVENUE c. A & J ENTERTAINMENT FOR 510 VINE STREET d. CATHERINE MAYER FOR 931 CAPITAL STREET e. MT OLYMPUS FOR 300 COUNTY HWY A f. MT OLYMPUS FOR 2131 WIS DELLS PARKWAY g. WORKFORCE HOUSING SOLUTIONS, LLC FOR 511 VINE STREET h. ATANAS GEORGIEV FOR 322 WISCONSIN AVENUE i. Any other renewal applications that arrive after the posting of the agenda 		
7	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO PERMIT THE KEEPING OF BACKYARD CHICKENS		
8	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO AMEND CURRENT BICYCLE ORDINANCE		
9	NEXT MEETING DATE AND TIME (Monday, June 11, 2018 – tentative time of 6:30pm)		
10	ADJOURN		
		ALD. MIKE FREEL	POSTED & DISTRIBUTED: 04/06/18
<p>Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>			

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 2/16/18 Amount Paid: \$ 200.00 Receipt No. 63192 ym.

Name of Applicant (Last, First, MI): Ricardo Ortega Acosta

Address of Applicant: N365 Center street Wisconsin Dells, WI

Date of Birth: 4/3/85 Daytime Telephone Number: (952) 666-0380

Applicant's Drivers License Number: ~~B982047200219~~ ⁰⁶³²⁻⁷²⁰⁸⁻⁵¹²³⁻⁰⁹ State: WI

Business Name: Speedy Cab Telephone No. (952) 666-0380

Business Address: N365 Center street Wisconsin Dells, WI

Proposed hours of Operation: 6am to 3am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Business Insurance

Proposed Rate Schedule: \$2.00 mile \$2 person before Midnight

\$3.00 mile \$3.00 person After Midnight Flat rate for

locals and J1's. Locals \$7.00 J1's \$6.00

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Ricardo Ortega Acosta

Signature of Applicant

2/16/18

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. 3/9/18 KS

License Approved: _____ License Valid from 3/9 20 18 through March 31, 20 19

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14



Wisconsin Department of Transportation

www.wisconsinDMV.gov

T1003 05/2015



DMV Survey

Division of Motor Vehicles

Qualifications and Issuance Section

P O Box 7995

Madison, WI 53707-7995

Telephone: 608-266-0898

FAX: 608-261-8201

Email: dre.dmv@dot.wi.gov

Mail to:

**RICARDOO ORTEGA ACOSTA
N365 CENTER ST
WISCONSIN DELLS WI 53965-9508**

Resident Address:

**RICARDOO ORTEGA ACOSTA
N365 CENTER ST
WISCONSIN DELLS WI 53965-9508**

Driving Receipt

This receipt is an acceptable Photo ID for voting and serves as your Driver License until your card arrives in the mail (s.5.02(6m) Wis Stats). This receipt is proof that fees, if any, have been collected. Carry this receipt with you while driving until you receive your Driver License. This receipt is valid for driving until 04-28-2018 unless otherwise cancelled by WisDOT. Please allow 10 business days to receive your Driver License through the mail.

Track the status of your card by using the 'Where's My Card?' link under 'Online services' at:

www.wisconsinDMV.gov

To view a list of the restrictions that pertain to your operating privileges at any time, please see wisconsinDMV.gov/restrict

0632-7208-5123-09

Date of Birth:

04-03-1985



DRIVER LICENSE REGULAR		WISCONSIN ^{USA}		
		1: 0632-7208-5123-09 2: ORTEGA ACOSTA 3: RICARDOO 4: N365 CENTER ST WISCONSIN DELLS, WI 53965		
LIMITED TERM				
SEX: M	HAIR: BRN	HT: 5'-08"	WEIGHT: 200 lb	
HAIR: BRO	EYES: BRO	ISS: 03/14/2018	DDIOR	
DOB: 04/03/1985	EXP: 11/02/2019	REST: NONE		
LIC: NONE		LIC: OTCCR2018031413143374		

See reverse side for applicable restrictions, fees, payments, and additional information

City of Wisconsin Dells

Application for:
FIREWORK SALES

ITEM 4a

Date Submitted: 3-15-18 Fee: \$275 for First Site, \$60.00 for Add'l Sites 455⁰⁰ Receipt No. 63503 jm

Name of Applicant: Richard Christensen

Address of Applicant: 646 Gillette Dr Wisconsin Dells WI 53965

Daytime Telephone Number: (608) 393-6081

Driver's License Number: C623-7486-8350-08 State: WI

Business Name(s) and Address(s) of where Fireworks are to be sold:

Lower Dells Travel Mart - 710 Trout Rd

BROADWAY Travel Mart - 802 Broadway

Shell Travel Mart - 2415 Wisconsin Dells Parkway

Rt6 Travel Mart - 611 Frontage Rd

Name and Address of property owner if different than above: _____

Itemization of Fireworks to be sold: _____

See page 2



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through April 30, 20__

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/07

Itemization of Fireworks to be sold:

Cone fountains not exceeding 75 grams in weight, designed to sit on the ground, emit sparks & smoke. Caps containing not more than $\frac{1}{4}$ grain of explosive mixture. Toy snake containing no mercury. Sparklers not exceeding 36 inches in length & not containing magnesium, chlorate or perchlorate. Devices that spray out paper confetti or streamers and contain less than $\frac{1}{4}$ grain of explosive mixture. Devices that produce an audible sound but don't explode, spark, move or emit an external flame after ignition and does not exceed 3 grams in weight. Devices that emit smoke with no external flames and do not leave the ground. Cylindrical fountains not exceeding 100 grams in weight with a diameter not exceeding 75 inches designed to sit on the ground.

CITY OF WISCONSIN DELLS
APPLICATION FOR LICENSE
FIREWORK SALES

Date Submitted: 03/16/2018 Fee: \$275.00 1st Site, \$60.00 add'l Sites \$335.00 Receipt No. 63501

Name of Applicant: Brian K. Holzem tjs

Address of Applicant: 505 Bowman Road, Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 254-4101

Driver's License Number: H425-0715-6138-08 State: WI

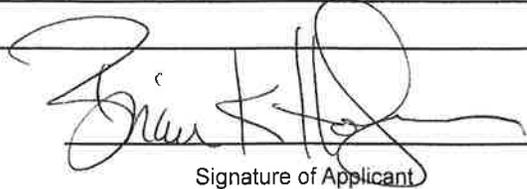
Business Name(s) and Address(es) of where Fireworks are to be sold: _____

Native Sun - 302 Broadway, WI Dells

38 Broadway - 38 Broadway, WI Dells

Name and Address of property owner if different than above: _____

Itemization of Fireworks to be sold: Cone fountains not exceeding 75 grams in weight designed to sit on the ground; emits sparks and smoke. Caps containing not more than 1/4 grain of explosive mixture. Toy snakes containing no mercury. Sparklers not exceeding 36 inches in length and do not contain magnesium, chlorate, or per chlorate. Devices that spray-out paper confetti or streamers and contain less than 1/4 grain of explosive mixture. Devices that produce an audible sound but don't explode, spark, move, or emit an external flame after ignition and does not exceed 3 grams in weight. Devices that emit smoke with no external flames and do not leave the ground. Cylindrical fountains not exceeding 100 grams in weight with a diameter not exceeding .75 inches, designed to sit on the ground.


Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

___ Date Approved: _____ Conditions (if any): _____

___ Date Denied: _____ Reason(s): _____

* License valid from May 1, 2018, through April 30, 2019

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/07

City of Wisconsin Dells

Application for:
FIREWORK SALES

ITEM 4c.

Date Submitted: 4/2/18 Fee: \$275 for First Site, \$60.00 for Add'l Sites \$275.00 Receipt No. 63670

Name of Applicant: Jeff Maurer jjs

Address of Applicant: 83330 Fox Hill Rd. Baraboo

Daytime Telephone Number: (608) 963-1171

Driver's License Number: M-660-4355-7321-03 State: WI

Business Name(s) and Address(s) of where Fireworks are to be sold:

Maurer's Market
216 Washington Ave.
Wisconsin Dells, WI 53965

Name and Address of property owner if different than above:

Itemization of Fireworks to be sold: sparklers, firecrackers, bottle rockets, etc.



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20____ through April 30, 20____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/07

City of Wisconsin Dells

ITEM 5

Application for: RIDING STABLE/HORSES FOR HIRE

Date Submitted: 3-26-18 Fee \$200 Plus \$25 per horse \$600 Receipt No. 63632
Name of Applicant: Dells Adventure Dvelopment Inc. Date of Birth: pres B. Tollaksen 6/12/66
Address of Applicant: PO Box 1, Wis Dells, WI 53965-0001
Daytime Telephone Number: (608) 254 2735 Email Address: _____
Applicant's Drivers License Number: pres. T425 0776 6212 04 State: WI

Name and Address of Business: Beaver Springs Riding Stable

Number of Horses: 16

Proposed hours of Operation: 9am - 7pm

Description of Route: (Attach map) ON File (Same as previous year)

*Attach written permission from property owners if applicable.

Description of the manner and location in which the horses will be feed, sheltered, stabled or transported within the City:

ON file, Same as previous years

Safety and Sanitation Methods: Same as last year

Printed Name of Applicant:

Dells Adventure Development Inc - Pres. Brent S.

 TOLLAKSEN

Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.01

Date Approved: _____ License Valid from _____, 20____ through April 30, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6a

Date From May 1, 2018 to April 30, 2019 Fee \$ 300 Receipt No. 63508 3-16-18
(\$50 each for first 15 sleeping units; \$25 each add'l) tjs

Applicant Name: Izik Cohen

Applicant Address: 1100 RIVER RD # 208 WIS DELLS WI 53965

Telephone Number: _____

Lodging Facility Address: 817 Oak St

Number of Sleeping Units: 6

Zoning Classification: C-2 Commercial Downtown
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: ROBERT GOREFF 608-844-0281
(BEN) CALL FIRST (646) 592-5806 Robert Goreff

Manner in which the facility will be supervised and maintained: _____

MANAGER WILL INSURE WIS DELLS - HOUSING RULES WILL BE FOLLOWED

Izik

Applicant's Signature

3/14/2018

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Housing Inspection Report

General Property Information

Date of Inspection	3/29/2018		
Facility Name	_____		
Address	817 Oak St.		
Contact Information	Robert Goree 844.0281		
Manager on Premises	Yes _____	No _____	X _____
Address numbers posted	Yes _____	No _____	X _____
Overall evaluation of property	Good _____	Fair _____	X* _____
Building appearance	Good _____	Fair _____	X* _____
Neighborhood	Good _____	Fair _____	X _____
Landscaping	Good _____	Fair _____	X _____
Entry	Good _____	Fair _____	X* _____
Parking	Yes _____ X	No _____	_____
Adequate lighting in rooms, stairwells and entry numbers	Yes _____ X	No _____	_____
Fire Exits marked	Yes _____	No _____	X _____
Extinguishers current year and date on tag	Yes _____	No _____	X _____
Fire Sprinklers	Yes _____	No _____	X _____
Smoke Detectors on each level and each sleeping room	Yes _____ X	No _____	_____
Exit lights and Battery Backup	Yes _____	No _____	X _____
CO Detectors (*see note)	Yes _____ X	No _____	_____
Egress from sleeping rooms and common areas	Yes _____ X	No _____	_____
Lockable storage for each occupant within unit	Yes _____ X	No _____	_____
Proper number of beds per room	Yes _____ X	No _____	_____
Wi-Fi available and working	Yes _____ X	No _____	_____
Separate bed for each occupant	Yes _____ X*	No _____	_____
UNSAFE OR UNSANITARY CONDITIONS	Yes _____	No _____	_____
Locking door and windows	Yes _____ X	No _____	_____
Window screens in place and in good condition	Yes _____	No _____	X* _____
Bathrooms (toilet, sink and shower) in good condition	Yes _____ X*	No _____	_____
ADA compliant rooms with access to common areas	Yes _____	No _____	X _____
Elevators in working order	Yes _____	No _____	X _____
Access to Refrigerator, Microwave	Yes _____ X	No _____	_____
HVAC operational	Yes _____ X	No _____	_____

Violations:

Too many pieces of furniture on the back porch; high fire load; at least 2 pieces must be removed prior to occupancy.

All damaged or missing window and door screens need to be repaired or replaced. This encompasses ALL openable windows.

Crawl space accessed from back yard has decaying matter in it and must be cleaned out prior to occupancy.

Broken futon in common area living room to be removed prior to occupancy.

Damaged and unsafe dining room chairs need to be repaired or replaced in lower common area prior to occupancy.

Remarks:

House was still winterized so could not verify proper function of plumbing fixtures.

All damaged or missing window and door screens need to be repaired or replaced. This encompasses ALL openable windows.

Front screen door needs to be repaired to function properly or replaced. Current door hardware and frame has been damaged and repaired multiple times and is now past the point of proper function.

The abandoned dryer vent hole through the building wall was not repaired last year, as required. MUST be completed this year.

Roof in disrepair with missing and hanging shingles noted.

The HVAC system did not have the annual maintenance check needed.

*CO Detectors on each level and within 15' of a sleeping room adjacent to a fuel burning appliance and no more than 75' from a fuel burning appliance.

The entire house interior was not in a clean, safe and sanitary condition at time of inspection. This will be required before occupancy.

It was reported by the property overseer that in 2017, two males insisted on having a room on the female's floor (2nd floor), though the females objected. Males are housed on the 1st floor. This will need to be addressed prior to any students arriving to stay in this building.

Kheli Mason

03/29/2018

Inspector

Date



FIRE INSPECTION REPORT



KILBOURN

Fire Department

817 OAK ST. EMPLOYEE HOUSE

817 OAK ST.

Name of Business

Location

Violations indicated below shall be corrected in 30 days from inspection date unless otherwise noted. Pursuant to applicable local codes, SPS 314 Wisconsin Administrative Code and NFPA 1 Fire Code.

Inspection Date: 3-20-18

No Violations Observed

Please Correct the following violation(s) on or before: 4-10-18

Failure to correct will result in further legal action.

Street Address

Fire Extinguisher(s) are required per NFPA 10. Minimum size (2-A;10-B:C)

Annual Fire Extinguisher Maintenance is required and each extinguisher shall be tagged by the servicing professional.

Exit Signs designed to be illuminated shall be continuously illuminated. Battery function, if equipped shall be maintained.

Emergency lighting shall be regularly tested and maintained.

Open junction and switch boxes and open wiring splices shall be prohibited.

A working space of not less than 30 inches in width, 36 inches in depth and 78 inches in height shall be provided in front of electrical service equipment.

Extension cords and power taps shall not be used as a substitute for permanent wiring, shall not be affixed to structures, extend through ceilings, walls, floors or under floor coverings and shall not be series connected.

Clothes dryers shall be maintained to keep the lint trap and the mechanical and heating components free from excessive accumulations of lint.

Means of Egress Reliability - Doors shall be easily opened from the egress side when the building is occupied. Stored materials shall not impede immediate use of egress. (2)

Fire Doors, self-closing devices, and fire-resistant assemblies shall be operable and able to be fully closed.

Storage Arrangement - stored materials shall be arranged to allow space for convenient access for firefighting, salvage and removal of storage.

Fire Alarm Systems - An annual inspection / test by qualified service personnel is required. Records shall be provided and retained for the fire inspector.

Fire Sprinkler Systems - An annual inspection / test by qualified service personnel is required. Records shall be provided and retained for the fire inspector. Stand pipe system hydro-test is due every five years.

Commercial Cooking Systems - suppression service is due every 6 months. Exhaust hoods - grease inspection / cleaning as required by type and volume of cooking. Service shall be conducted by properly trained and qualified persons.

Grills, other than electric grills, shall not be allowed on any balcony or used within 10 Ft. of any multifamily or rental building.

Install and maintain smoke alarms in each bedroom and outside of each sleeping area. Any alarm older than 10 years old shall be replaced. Replacement battery alarms shall be equipped with a non-removable non-replaceable 10 year lithium battery.

Install and maintain carbon monoxide alarms in all buildings with fuel burning appliances or attached garages. Install on each level of a dwelling. Replace carbon monoxide alarms according to the manufacturer's recommendations.

Posting of Occupancy - Maximum occupancy shall be posted in Assembly Occupancies.

Other Violations

REMARKS: 2) 2ND STORY EXIT DOOR LATCH - REPAIR Req'd.
2) 1ST FLOOR BACK PORCH - MAINTAIN A CLEAR EXIT PATH & LIMIT COMBUSTIBLES

[Signature]

OWNER/MANAGER/REPRESENTATIVE

[Signature]

INSPECTING OFFICER

608-434-2452

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6b.

Date From ~~April~~ May 1 2018 to April 30, 2019 Fee \$ 350 Receipt No. 63527
(\$50 each for first 15 sleeping units; \$25 each add'l) *hjs*

Applicant Name: Nash Properties, LLC

Applicant Address: 9 Spruce Trail, Wisconsin Dells, WI 53965

Telephone Number: 608-350-9370

Lodging Facility Address: 410 Wisconsin Ave Wisconsin Dells, WI 53965

Number of Sleeping Units: 7

Zoning Classification: Waterfront Housing
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jay Nash, 608-350-9370

Manner in which the facility will be supervised and maintained: Jay Nash visits the property daily and as needed. He inspects the grounds and arranges the performance of maintenance issues.

[Signature]
Applicant's Signature

3/16/18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: Inn Towne Motel	contact: Jay Nash
Date: 3/27/2018	Address: 410 Wisconsin AVE	
Inspector Name:	Fire Inspector Jerry Wolfram	
Type of Inspection:	Annual - Workforce Housing	
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A		
Fire Code Reference	Discrepancy / Remarks	
N V O	NO VIOLATIONS OBSERVED FIRE EXTINGUISHER MAINTENANCE WILL BE DUE PRIOR TO MAY 1, 2018.	

Inspector Signature



The City of Wis. Dells has received a Conditional Use Permit (CUP) application from Deletria Nash (Nash Properties, LLC) for a Seasonal Workforce Housing Facility at the 410 Wisconsin Ave.

This facility has been operated as a Seasonal Workforce Housing facility for several years. Ms. Nash and her husband intend to purchase the facility and continue to run it for Seasonal Workforce Housing. The current permit for this use was issued with the contingency that any new owner/operator would need to obtain a new CUP. The new operators of a Seasonal Workforce housing facility must obtain a one-time CUP for the use and then annually renew the Workforce Housing license.

The applicant has stated that as owner he will be actively managing the facility daily. The applicant lives in the area and the applicant's husband, Jay Nash, works in the area. Mr. Nash has stated he will visit the property daily or more if necessary to ensure it is properly managed. He can review the property every morning on the way to work and visit the property every evening after work.

The current management of the property has been very good, and the applicant intends to continue with the same management style and rules. The applicant intends to operate the facility in a similar manner as the existing use, with 3 occupants per room. This provides approximately 65 sq ft per occupant, which exceeds the minimum 50 sq ft requirement of the Workforce housing license.

There are 7 motel rooms. The Zoning Code requires 1 space per room, so there are 7 parking spaces required. The existing layout has 8 spaces in front of the motel rooms and 3 spaces in front of the garage for the house, so the existing facility has 11 of the required parking spaces.

It has been past practice that any approval of a Seasonal Workforce Housing Facility use is granted solely to the current applicant, and cannot be transferred to another party. Any sale of the property will terminate the permit, and any subsequent owner will be required to obtain a separate CUP for this facility. Another past practice is to make it clear to the applicant that approval is contingent on continued diligence to the proper management of the facility. If the facility is deemed to become a nuisance to the surrounding properties, the permit may be revoked.

This property is located in a commercial area that is near a full grocery store, laundry, library, and other services the residences may need. This facility is off the main commercial area but is still close to the center of town. This use should not have a significant impact on the traffic circulation in this area.

As this use will take place in an existing facility, the effects on the natural environment will be minimal.

This use could have a negative effect on surrounding commercial properties, as employee housing can become a nuisance property if not properly managed. This property currently is in need of maintenance and the applicant is expected to address these items.

Approval of this CUP may contain the following contingencies.

1. The permit is issued to Deletria Nash and is not transferrable (even if Nash Properties, LLC remains the owner)
2. The facility shall be properly maintained and managed to prevent it from becoming a nuisance.
3. The applicant will be the manager of the facility. The City may contact the applicant with any issues at the facility. That contact, included verbal only, will be considered "Official notice" of any enforcement items, and may be followed up with enforcement actions such as the issuing of citations and ultimately revocation of this permit.
4. The applicant will ensure the City always has current contact information on record.

Chris Tollaksen
City of Wis. Dells

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6c.

Date From April 18 to April 30, 2019 Fee \$ 850 Receipt No. 63509 3-16-18

Applicant Name: A&J Entertainment Adam Seymer, Jason Field ^{tjs}
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Address: 1550 Wise Dells Pkwy

Telephone Number: 608-547-2332

Lodging Facility Address: 510 Vine

Number of Sleeping Units: 19

Zoning Classification: commercial
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Ovi 608-572-9785

Manner in which the facility will be supervised and maintained: _____

1. ~~on~~ on site manager.
2. owner 2 blocks away.
3. owner across town.

Adam Seymer
Applicant's Signature

3-8-18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.
Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

		Name: 510 Vine Apartments - A & J Entertainment Jason Field
Date: 3/19/2018	Address: 510 Vine ST	
Inspector Name: Fire Inspector Jerry Wolfram	Issued: 3/19/2018	
Type of Inspection: Annual - Employee Housing		
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A		
Fire Code Reference	Discrepancy / Remarks	
N V O	NO VIOLATIONS OBSERVED FIRE EXTINGUISHERS WILL BE DUE FOR ANNUAL MAINTENANCE BY APRIL 30TH.	

Inspector Signature



City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6d.

Date From May 1, 2018 to April 30, 2019 Fee \$ 750.00 Receipt No. 63510
(\$50 each for first 15 sleeping units; \$25 each add'l) 3-16-18
DS

Applicant Name: Catherine Mayer

Applicant Address: 931 Capital St Wisconsin Dells WI 53985

Telephone Number: 608 370 3353 or 608 217 3873

Lodging Facility Address: 931 Capital St Wisconsin Dells WI 53985

Number of Sleeping Units: 15

Zoning Classification: C-1
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Catherine Mayer 608 370 3353
Rachel Comorodys 608 217 3873

Manner in which the facility will be supervised and maintained: Same as last year

[Signature]
Applicant's Signature

3/16/18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: Stanton Motel – Workforce Housing
Date: 3/23/2018	Address: 931 Capital ST
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Workforce Housing
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A	
Fire Code Reference	Discrepancy / Remarks
N V O	NO VIOLATIONS OBSERVED FIRE EXTINGUISHER MAINTENANCE WILL BE DUE PRIOR TO MAY 1, 2018

Inspector Signature



City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6e

Date From May 01, 2018 to April 30, 2019 Fee \$1625 Receipt No. 63705
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Mt Olympus

Applicant Address: 1881 Wise Dells Pkwy, Wis Dells, Wisc. 53965

Telephone Number: 608-254-8447

Lodging Facility Address: 300 City Hwy A, Wis Dells, Wisc. 53965

Number of Sleeping Units: 50 units

Zoning Classification: C-4
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Toni Danalache 608-253-8447
ext. 613

Manner in which the facility will be supervised and maintained: supervised and
maintained by Mt. Olympus staff.

Danalache
Applicant's Signature

4-02-2018
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6F.

Date From May 1, 2018 to April 30, 2019 Fee \$ 975 Receipt No. 63688
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Mt Olympus

Applicant Address: 1881 Wisc Dells Pkwy, Wi Dells, Wi 53965

Telephone Number: 608-253-8447

Lodging Facility Address: 2131 Wi Dells Pkwy, Wi Dells, Wi 53965

Number of Sleeping Units: 24 units

Zoning Classification: C-4

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Toni Danalache. 608-253-8447
ext. 613

Manner in which the facility will be supervised and maintained: supervised and
maintained by Mt. Olympus staff

Toni Danalache

Applicant's Signature

4-02-2018

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6g.

Date From: *April 1, 2018 to April 30, 2019*

Fee: \$200

Receipt No.: 22464301

(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: *Nathan Grindstaff in behalf of Workforce Housing Solutions, LLC*

Applicant Address: *3505 North Main Street, Crossville Tennessee, 38555*

Telephone Number: *(931) 459-4474*

Lodging Facility Address: *511 Vine Street, Wisconsin Dells*

Number of Sleeping Units: *Four (4) Units*

Zoning Classification: *C-1 Commercial Neighborhood*
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: *Shawn Williams- Regional Director (First point of contact)*
Cell: 608-495-0324
Email- shawn.williams@mastercorp.com

Manner in which the facility will be supervised and maintained:

The property has active management from area managers to ensure that any noise or disturbance from the occupants are handled quickly and thoroughly. The current tenant is a cleaning company for the Hospitality Industry and they pride themselves in the cleanliness of both their properties and employees. All occupants are required to sign an Employee Housing Agreement that contains Housing Rules. These rules are meant to ensure that the occupants behave in such a manner that creates a safe, relaxing and secure place to reside. If the occupant/employee violates one of these rules, then they could lose their employment with the tenant and be evicted from the premises. This tenant requires the managers to be in the area at all times.



Applicant's Signature

3/12/18

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 6h.

Date From 5/1/2018 to April 30, 2019 Fee \$ 250 Receipt No. 63835
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Atanas Georgiev

Applicant Address: 322 Wisconsin Ave Wis Dells WI, 53965

Telephone Number: 414-436-7498

Lodging Facility Address: 322 Wisconsin Ave, Wis Dells, WI, 53965

Number of Sleeping Units: 5

Zoning Classification: _____

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Atanas Georgiev

Manner in which the facility will be supervised and maintained: Owners living on 1st Floor and keeping an eye on the students.



Applicant's Signature

4/6/18

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

ORDINANCE NO. _____
(Backyard Chickens)

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

The purpose of this ordinance is to permit the keeping of backyard chickens in residential zoning districts.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 16.025 is created.

DRAFT

SECTION III: PROVISION AS CREATED:

16.025 Backyard Chickens Ordinance

- (1) Notwithstanding Code Sec. 16.02, this Ordinance permits the keeping of chickens in residential zoning districts as follows.
- (2) Site Standards.
 - (a) Number. No more than six hens shall be allowed for each dwelling unit.
 - (b) Setbacks. Coops or cages housing chickens shall be kept at least twenty-five feet from the door or window of any dwelling or occupied structure other than the owner's dwelling. Coops and cages shall not be located within five feet of a side-yard or rear-yard lot line. Coops and cages shall not be located in the front yard. *Coops and enclosures MAY NOT be homes or garages.*
 - (c) Enclosure. Hens shall be provided with a covered, predator-proof coop or cage that is well ventilated and designed to be easily accessed for cleaning. The coop shall allow at least two square feet per hen. Hens shall have access to an outdoor enclosure that is adequately fenced to contain the birds on the property and to prevent predators from access to the birds. Hens shall not be allowed out of these enclosures ~~unless a responsible individual, over eighteen years of age, is directly monitoring the hens and able to immediately return the hens to the cage or coop if necessary.~~
 - (d) Sanitation. The coop and outdoor enclosure must be kept in a sanitary condition and free from offensive odors. The coop and outdoor enclosure must be cleaned on a ~~regular~~ *weekly* basis to prevent the accumulation of waste.

- (e) Slaughtering. There shall be no slaughtering of chickens.
 - (f) Roosters. It is unlawful for any person to keep roosters.
 - (g) The owner shall abide by all state laws and regulations for livestock premises registration, including applicable sections of Wis. Stat. sec. 95.51, and Wis. Admin. Code Chap. ATCP 17 and any applicable amendments thereto. Applicants shall also follow state law regarding import, purchase and sales of live poultry as set forth in Wis. Admin. Code Chap. ATCP 10.40 and ATCP 10.42 and any amendments thereto.
 - (h) There shall be no breeding or hatching of chickens.
 - (i) Any poultry feed shall be stored so as to keep out rodents. The owner shall practice proper poultry waste disposal in order to avoid odors. Waste composting on the premises shall be allowed as long as it does not create odors or other nuisances for neighboring properties.
 - (j) The main food source for the chickens should be provided in dedicated feeding containers and scatter feeding as the primary food source is prohibited (small amounts of scratch grains that do not accumulate on the property are allowable). *Fresh water shall be available at all times and adequate amount of feed.*
- (3) Permit Required. A permit shall be required to keep chickens in the City. An application for a permit must contain the following items:
- (a) The name, phone number, and address of the applicant. DRAFT
 - (b) The location of the subject property.
 - (c) A site plan containing the following information: A description of any coops, cages or outdoor enclosures, providing dimensions and the precise location (if fixed) of these enclosures in relation to property lines and adjacent properties. If applicant proposes to use a mobile coop and/or a chicken run, the dimensions of the structure(s) shall be provided and the area of requested allowed placement areas shall be provided. *Coops and enclosures must be constructed in a workmanlike manner.*
- (4) If the applicant proposes to keep chickens in the yard of a rented dwelling, the applicant must present a signed statement from the owner of the dwelling consenting to the applicant's proposal for keeping chickens on the premises.
 - (5) Chickens may only be kept on single-family unit lots. Chickens may not be kept on two-family or multiple-family lots.
 - (6) Permit Process. Permits will be granted on an annual basis (unless this section is repealed). If the permittee follows the terms of the section, the permit will be presumptively renewed (unless this section is repealed) and the applicant may continue to keep chickens under the terms and conditions of the initial permit. The city may refuse to renew or may revoke the permit at any time, (after giving the permittee fifteen days' notice of the basis for the revocation or nonrenewal and an opportunity to be

heard on the issue) if the permittee does not follow the terms of this section, or if city determines that the permit holder has not maintained the chickens, coops, or outdoor enclosures in a clean and sanitary condition.

- (7) If this ordinance is repealed, no party shall have the right to keep chickens based on a nonconforming use status obtained under this section.
- (8) No vested property rights are created by the issuance of a backyard chicken license.
- (9) Fees. The City may establish by resolution fees related to the administration of this ordinance payable by applicants and permittees.

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 16.

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____
PUBLISHED: _____
PASSED: _____

23.15 USE OF SIDEWALKS PROHIBITED

A. Except for persons operating a bicycle with training wheels, no person shall operate a bicycle upon any sidewalk or other customary public pedestrian walkway.

The following exceptions apply:

- (1) Bicycles may be operated on private driveways in the area where such driveways cross the tree bank.
- (2) The Dells RiverWalk along the Wisconsin River; except that bicycles operated in connection with a commercial activity or venture may not be upon the RiverWalk.

B. Bicycle Parking

1. *Bicycles may not be parked in the following locations:*
 - a. *On the Broadway Street (Highway 13/16/23) right of way between the Wisconsin River Bridge and Church Street as posted by official signage.*
 - b. *Bicycles may not be parked in the Duchess Plaza area or public right of ways that bound the Plaza on any side as posted by official signage.*
 - c. *Bicycles may not be allowed to park on any public right of way or property during special events such as Wo-Zha-Wa and other City of Wisconsin Dells approved festivals and events. These additional parking restrictions for bicycles would be as regulated by the City of Wisconsin Dells Chief of Police and official signage.*
2. *Bicycle parking on other City public right of ways/property is allowed as follows:*
 - a. *Bicycles may be parked/secured to City of Wisconsin Dells owned bicycle racks for up to 48 hours, or as regulated by the Chief of Police and official sign.*
 - b. *Bicycles may be parked/secured on other City public right of ways or property for no longer than 24 hours, in a manner that does not unreasonably impede any normal pedestrian or vehicle traffic flow or cause damage to any City owned property.*
 - c. *The bicycle parking allowances listed above, apply to 1 bicycle per person. No one person may park multiple bicycles on any public property.*

C. Penalty/Enforcement

1. *Bicycles and their owners or operators in violation of Subsections A and/or B may be cited and/or removed and stored at the owner's expense in addition to the penalty described in 23.18. Bicycles that are not claimed and/or owners are not ascertained, may be disposed of in accordance with the City of Wisconsin Dells Police Department policy dealing with property disposal.*