VARIANCE FEES MGO \$50.00 COMM \$490.00

Priority - Double above

PETITION FOR VARIANCE APPLICATION

City of Madison Building Inspection Division

Division 126 S. Hamilton St. Madison, WI 53703 (608) 266-4568



		(000) 200 4000
Name of Owner Noah ! Julie	Project Description	Agent, arghitect or engineering firm
Company (if applies)	Occupancy Approval for	Jeffrey Spruill
No & Street A Dining	Kestauraut in tormer netail spa	ue No. & Street Shea Court
City, State, Zip Code	Tenant name (if any) Nook Fine Dining Building Address A I	City, State, Zip Code Madison, WI 53717
Madison, WI 53704 Phone	2138 Atwood Ave.	Phone 608 - 445 - 1777
773-607-9799	Madison, WI 53716	Name of Contact Person Jeff Spruill
noahendjulie przegmail.co.		e-mail
 The rule being petitioned reads nonconforming conditions for you 	as follows: (Cite the specific rule number an	nd language. Also, indicate the
BC 2902.3.1- Required	Public Toilet Facilities - Acces	the out I - I I I
facilities shall not p	bass through kitchens, stor	age rooms or closets.
2. The rule being petitioned cannot	be entirely satisfied because:	
Exilities Chosene +) and	one wallet separation between	u the route to public toilet
Circulation space and re	duce effective use of Vitage	us or closets would prohibit share
3. The following alternatives and su health, safety, and welfare as ad	upporting information are proposed as a mea	ans of providing an equivalent degree of
As per the required r	ecommendations made to M.	de alto o l tou
7.6.60	TO THE TELEVISION AND AUTOM	Antes (b.11, 10) (. H. J. 7)
THE DOCK HENCE DITTO	INSDECTION KODENT NATER 5.	31.18 (attached), measures
TO D	COVID 186/11890 CROSS	
	theus, Storage Rooms and to meet requirements of	Liberts, have been deter-
The state of the s	origina de calquate to sat	isty the Health and Safety
intentions of IBC 29	02.3.	
Note: Please attach any pictures, plans, o	or required position statements.	
VEDICIO ATION DI		
BY A REVIEW FEE AND ANY	PETITION IS VALID ONLY IF NOTA REQUIRED POSITION STATEMEN	ARIZED AND ACCOMPANIED
Note. Petitioner must be the owner of	the huilding Tenants agonts contractors	-11
petition unless a Power of Attorney is.	Submitted with the Petition for Variance Ann	lication.
NOATI PREY BY LSKI Print name of owner	, being duly sworn, I state as petiti	oner that I have read the foregoing
	I have significant ownership rights in the su	Line that the read the folegoing
	1 //	
Signature of owner		ped and sworn to before me this
Notary public	A LUINA LIN	6.8.18
Notary public	NOTAD My comm	nission expires:
NOTE: ONLY VARIANCES FO	1000	(/ / / / /
HOLE, UNLI VARIANCES FU	R COMPLETE REAL CODES ARE REAL	QUIRED TO BE NOTARIZED.
	THE CO. LAND THE STREET	
	WISCONSHILL	
	- WILLIAM	



Janel Heinrich, MPH, MA, Director

Healthy people. Healthy places.

Environmental Health Division 2300 S Park Street, Room 2010 Madison, WI 53713 www.publichealthmdc.com 608 242-6515 Well & Septic 608 242-6515 Licensed Establishments 608 267-1989 Animal Control-Voice Mail 608 242-6435 fax

4/16/18

Nook LLC 2138 Atwood Ave. Madison, WI 53704

RE: Public Toilet Room Entrance

At your proposed restaurant, located at 2138 Atwood Avenue, the public toilet room is located in the basement, which is also the same space as your food prep kitchen. The Wisconsin Food Code requires the public toilet room to be located such that is not necessary for patrons using the facility to pass through food processing, serving or storage areas or an area where utensils are washed (WFC 8-201.12 location). Your basement prep kitchen and utensil wash area is to the back of the staircase and not within the walk pattern of a patron using your restroom, therefore, patrons are not walking *through* the food processing area. Nevertheless, to limit tampering and food safety concerns, barriers are being required to prevent entry into this space. The food, equipment and single-use storage against the wall, however, is in the walk pattern of a patron using your restroom and patrons will essentially be walking *through* this storage space. This space will have to be relocated and/or effective barriers provided. In order to be in compliance with the Wisconsin Food Code WFC 8-201.12, the following is being required:

- 1. Relocate food, equipment, utensil or single use storage, or provide some barrier (i.e. curtain or locks) to this storage area to prevent potential tampering.
- 2. Provide a barrier between the prep kitchen and the rest of the basement such as a half wall, expandable wall or posts with roping to prevent entry of this space.
- 3. Provide signage stating "do not enter, employees only" at the entrance to the prep kitchen and storage spaces.
- 4. Provide a clear walking path to the toilet room using paint on the floor, and posts/rope with signage.
- 5. Provide a self-closing toilet room door to prevent the spread of viruses.
- 6. Provide locking mechanisms for cooler and freezer food storage to prevent tampering.

Other ideas may be considered to accomplish the same goal of providing clear pathway directions to patrons and barriers to kitchen and storage spaces. Plans for meeting these requirements must be submitted to Public Health – Madison & Dane County for approval prior to opening to the general public.

Sincerely,

Bonnie Lynn Koenig, MPH, RS

PH Sanitarian

Public Health - Madison & Dane County

PH (608) 243-0335

bkoenig@publichealthmdc.com

Public Health - Madison and Dane County 2300 South Park Street, Room 2010 Madison, WI 53713

608-242-6515 - FAX 608-242-6435 www.publichealthmdc.com

Food and Drink Inspection Report			
05/31/2018 at 11:27 am NOOK			
2138 Atwood AVE Madison, WI 53704			
PRIMARILY RESTAURANT			
License Number: LICFDD Inspection Type: On-Site	-2018-00128 Visit		
SUMMARY Repeat Violations: Priority Violations: Additional Violations: Total Violations: Reinspection Required: No Violations at the time of Ins	0 0 0 0 No No		
kitchen. The operator has adde	rmed to view the separation between the customer toilet roomed a curtain barrier, signage, and clear pathway to the toilet roquested by the health department. The operator has also installed protection.	om keeping patrons out	
	clear signage and floor barriers to keep patrons from entering he kitchen, but not be allowed in the kitchen space at any time		
The health department approve	es this space to operate with these changes.		
Print Name			
Signature Bhing	•	Date 5-31-18	
Sanitarian Signature		Date	
Bonnie Koenig Phone: 608-24	3-0335		

NOOK

bkoenig@publichealthmdc.com

Questions concerning this Report should be directed to the Sanitarian listed above or between 8 A.M. and 9 A.M. weekdays at (608) 242-6515. Any operator aggrieved by the above order may request a hearing by contacting the Board of Health, Madison and Dane County, Room 507, City-County Building, no later than fifteen (15) days from the date of this report. According to 19.35, Wis. Statutes, this record may be made available for inspection or copying upon request.

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