City of Madison Fire Department Position Statement

| Owner: | Project Name: | Contact: |
|--|---|---|
| Sharon Genthe | Divine Haven | Alex Junker Community TIES |
| Address: | Building Location: | Address: |
| 92 Oak Creek Trail Madison, WI 53717 | 1103 S Thompson Drive | 122 E Olin Ave Suite 255 Madison, WI 53711 |
| Owner Phone: 608-675-2090 Email: stgenthe@gmail.com | Building Occupancy or Use: Group R-3 | Phone: 608-265-9428 Email: junker@wasiman.wisc.edu |
| the use of a key. | variance and recommend: (check appr | ropriate box) o Comment |
| Provide fire sprinkler protection | ction in accordance with NFPA 13D with | nin the unit including any basement below the |
| unit. | | 5 , |
| Smoke alarms and carbon | monoxide alarms shall be interconnected | ed to unlock the doors in an alarm condition. |
| Staff shall be onsite and av | wake at all times when the doors are loc | ked. |
| Locks shall be removed if t | he occupant no longer lives there or if a | ny of the conditions of the application/approval |
| change. | | |
| | | |
| Name of Fire Chief or Designee (type of Bill Sullivan, Fire Protection | | |
| City of Madison Fire Depa | urtment | Telephone Number 608-261-9658 |
| Signature of Fire Chief of Designee | | Date Signed October 19, 2022 |