



City of Madison

Proposed Conditional Use

Location
2649 Milwaukee Street

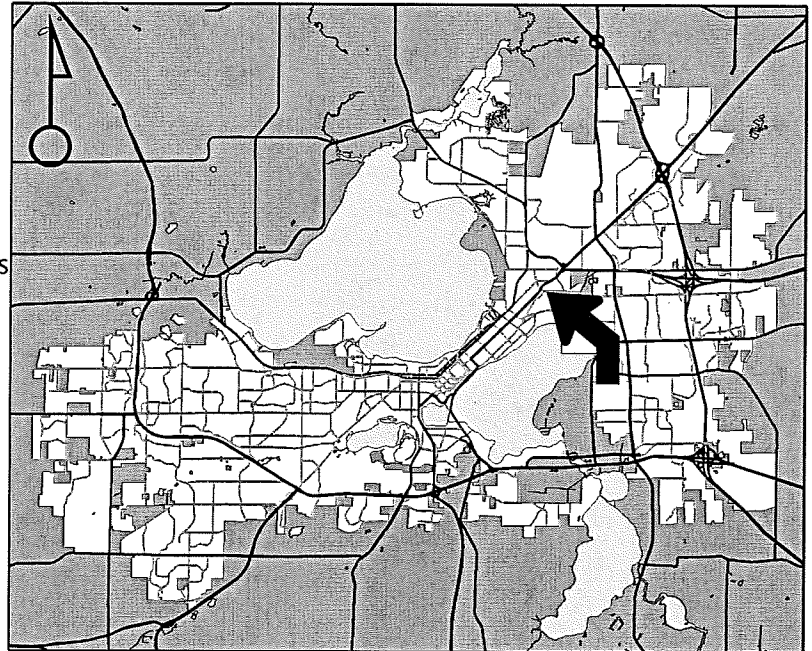
Project Name
Solstice Houses Peer Run Respite

Applicant
Susan Detering & Ian Gurfield/
Leah Kornish-SOAR Case Management Services

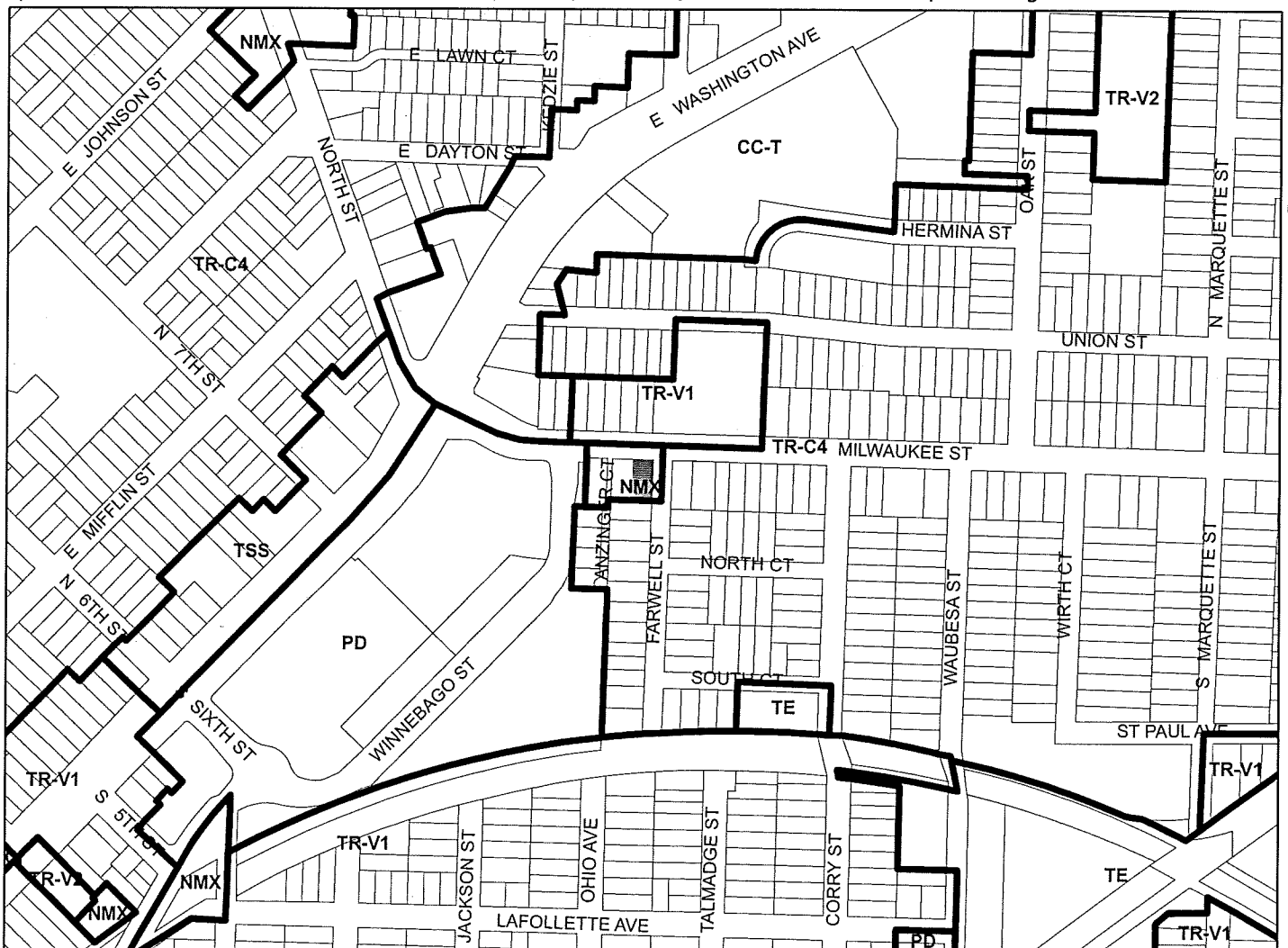
Existing Use
Residential building

Proposed Use
Convert existing residence into counseling
organization (peer respite) facility

Public Hearing Date
Plan Commission
16 November 2015



For Questions Contact: Tim Parks at: 261-9632 or tparks@cityofmadison.com or City Planning at 266-4635



Scale : 1" = 400'

City of Madison, Planning Division : RPJ : Date : 12 November 2015





LAND USE APPLICATION

CITY OF MADISON

215 Martin Luther King Jr. Blvd; Room LL-100
PO Box 2985; Madison, Wisconsin 53701-2985
Phone: 608.266.4635 | Facsimile: 608.267.8739

- All Land Use Applications should be filed with the Zoning Administrator at the above address.
- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the Subdivision Application.
- This form may also be completed online at: www.cityofmadison.com/developmentcenter/landdevelopment

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
Zoning District _____	
Special Requirements _____	
Review Required By:	
<input type="checkbox"/> Urban Design Commission	<input type="checkbox"/> Plan Commission
<input type="checkbox"/> Common Council	<input type="checkbox"/> Other: _____

Form Effective: February 21, 2013

1. **Project Address:** 2649 Milwaukee Street
Project Title (if any): Solstice House Peer Run Respite

2. **This is an application for (Check all that apply to your Land Use Application):**

- Zoning Map Amendment from _____ to _____
- Major Amendment to Approved PD-GDP Zoning Major Amendment to Approved PD-SIP Zoning
- Review of Alteration to Planned Development (By Plan Commission)
- Conditional Use, or Major Alteration to an Approved Conditional Use
- Demolition Permit
- Other Requests: _____

3. **Applicant, Agent & Property Owner Information:**

Applicant Name: Solstice House Peer Run Respite Company: SOAR Case Management Services, Inc.
Street Address: 2025 Atwood Avenue City/State: Madison, WI Zip: 53704
Telephone: (808) 287-0839 Fax: (808) 287-0840 Email: _____

Project Contact Person: Leah Kornish Company: SOAR Case Management Services, Inc.
Street Address: 2025 Atwood Avenue City/State: Madison, WI Zip: 53704
Telephone: (608) 393-2858 Fax: () Email: leah.kornish@soarcms.org

Property Owner (if not applicant): Susan Detering & Ian Gurfield / 2647 Milwaukee LLC
Street Address: 230 Dunning Street City/State: Madison, WI Zip: 53704

4. **Project Information:**

Provide a brief description of the project and all proposed uses of the site: Solstice House will be a peer run respite center for up to 3 guests for a maximum stay of 5 nights. The facility will be staffed 24/7. Additional uses on the site include a hair salon.

Development Schedule: Commencement NA Completion NA

5. Required Submittal Information

All Land Use applications are required to include the following:

Project Plans including:*

- Site Plans (fully dimensioned plans depicting project details including all lot lines and property setbacks to buildings; demolished/proposed/altered buildings; parking stalls, driveways, sidewalks, location of existing/proposed signage; HVAC/Utility location and screening details; useable open space; and other physical improvements on a property)
- Grading and Utility Plans (existing and proposed)
- Landscape Plan (including planting schedule depicting species name and planting size)
- Building Elevation Drawings (fully dimensioned drawings for all building sides, labeling primary exterior materials)
- Floor Plans (fully dimensioned plans including interior wall and room location)

Provide collated project plan sets as follows:

- **Seven (7) copies** of a full-sized plan set drawn to a scale of 1 inch = 20 feet (folded or rolled and stapled)
- **Twenty Five (25) copies** of the plan set reduced to fit onto 11 X 17-inch paper (folded and stapled)
- **One (1) copy** of the plan set reduced to fit onto 8 1/2 X 11-inch paper

* For projects requiring review by the **Urban Design Commission**, provide **Fourteen (14) additional 11x17 copies** of the plan set. In addition to the above information, all plan sets should also include: 1) Colored elevation drawings with shadow lines and a list of exterior building materials/colors; 2) Existing/proposed lighting with photometric plan & fixture cutsheet; and 3) Contextual site plan information including photographs and layout of adjacent buildings and structures. The applicant shall bring samples of exterior building materials and color scheme to the Urban Design Commission meeting.

Letter of Intent: Provide one (1) Copy per Plan Set describing this application in detail including, but not limited to:

- | | | |
|---|---|--|
| • Project Team | • Building Square Footage | • Value of Land |
| • Existing Conditions | • Number of Dwelling Units | • Estimated Project Cost |
| • Project Schedule | • Auto and Bike Parking Stalls | • Number of Construction & Full-Time Equivalent Jobs Created |
| • Proposed Uses (and ft ² of each) | • Lot Coverage & Usable Open Space Calculations | • Public Subsidy Requested |
| • Hours of Operation | | |

Filing Fee: Refer to the Land Use Application Instructions & Fee Schedule. Make checks payable to: *City Treasurer*.

Electronic Submittal: All applicants are required to submit copies of all items submitted in hard copy with their application as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or by e-mail to pcoapplications@cityofmadison.com.

Additional Information may be required, depending on application. Refer to the Supplemental Submittal Requirements.

6. Applicant Declarations

Pre-application Notification: The Zoning Code requires that the applicant notify the district alder and any nearby neighborhood and business associations in writing no later than 30 days prior to FILING this request. List the alderperson, neighborhood association(s), and business association(s) AND the dates you sent the notices:
Notified the District 6 Alder and SASY Neighborhood Association on September 15, 2015. Need waiver.

→ If a waiver has been granted to this requirement, please attach any correspondence to this effect to this form.

Pre-application Meeting with Staff: Prior to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning and Planning Division staff; note staff persons and date.

Planning Staff: Tim Parks Date: 9/29/2015 Zoning Staff: Matt Tucker Date: 9/29/2015

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of Applicant Leah Kornish Relationship to Property: Renter

Authorizing Signature of Property Owner [Signature] Date 10/6/15



Wednesday, October 7th, 2015

City of Madison, Planning Division
Department of Planning & Community & Economic Development
215 Martin Luther King Jr. Boulevard
Madison, WI 53703

Attention: Tim Parks

Re: 2649 Milwaukee Street Conditional Use Application

Dear Members of the Plan Commission:

Please accept this Letter of Intent, Land Use Application, and attachments as our formal request for a Conditional Use review and approval by the City of Madison for the 2649 Milwaukee Street project detailed below.

Project Team

Owner: Susan Detering & Ian Gurfield/2647 Milwaukee LLC
230 Dunning Street
Madison, WI 53704
Cell: 928.637.5220
Email: 2647milwaukeest@gmail.com

Applicant: Solstice House Peer Run Respite
SOAR Case Management Services
2025 Atwood Avenue
Madison, WI 53704
Cell: 608.398.2858
Email: leah.kornish@soarcms.org

Planner: Urban Assets, LLC
16 N. Carroll Street, Suite 530
Madison, WI 53703
Cell: 608.345.0996
Email: Melissa@urbanassetsconsulting.com

Project Overview

Solstice House Peer Run Respite (Solstice House) is requesting a Conditional Use for 2649 Milwaukee Street under the Counseling and Community Service Organization zoning classification in a Neighborhood Mixed Use District.

Solstice House is proposing to lease the house from 2647 Milwaukee LLC for the purposes of providing a much needed resource, peer run respite, for individuals who are in extra need of support related to mental health and/or substance abuse challenges. Potential guests are people who are looking to strengthen their recovery and proactively address any challenges they may currently be experiencing. A short stay in a home-like environment offers connections to experience difficult times as an opportunity for growth and change.

Solstice House is a program of SOAR Case Management Services Inc., which was founded in 1998 and provides mental health consumers with culturally competent, trauma-informed, and recovery-oriented care. Solstice House is one of three Wisconsin peer run respites that are being funded by the State of Wisconsin Department of Health Services.

2647 Milwaukee LLC has renovated 2649 Milwaukee Street. **No additional changes or improvements to the home are anticipated to accommodate Solstice House as part of the Conditional Use application.**

Peer Support

Solstice House's mission is to support mutual wellness, recovery, empowerment and hope through peer learning, and connection. The goals and values of Solstice House include:

1. Creating an environment of compassion, dignity, choice, equality, and non-judgement
2. Building supportive relationships based on mutual trust and respect
3. Supporting recovery through person-centered, strength-based relationships

One in four people will experience some kind of mental health problem in the course of a year. Many struggle to find the support they need within their community. Evidence has shown that having access to peer support is associated with more positive outcomes for individuals in recovery for mental health and/or substance abuse. Peer support has been shown to increase an individual's sense of hope, control, and ability to affect change in their lives.

Staff

Solstice House has two full-time staff (Program Manager and Assistant Program Manager) and six part-time staff. All staff are Wisconsin Certified Peer Specialists and many have additional training in emotional CPR (eCPR) and Intentional Peer Support (IPS). The home will be staffed 24 hours a day, seven days a week, 365 days a year. Typically, at least two staff members will be in the home between 9 AM and 7 PM; there will always be at least one awake staff overnight. The Program Manager and Assistant Program Manager will be in the home for a combination of at least 60 hours a week as well as available by phone.

Guests

Solstice House will provide bedrooms for up **three adult guests** to stay a **maximum of five days**. In order to stay, guests must self-refer, indicating a desire to be there and a commitment to working towards recovery. Prior to being accepted, guests will engage in a conversation with a staff member (Attachment A) regarding what they are experiencing, their hopes and needs, and how they think peer respite might help. Through the conversation, staff will determine if the potential guest is able to care for themselves (grooming, medications, if applicable, day-to-day tasks) and is willing to uphold the goals and values of Solstice House as outlined in the guest agreement (Attachment B). The decision to accept a guest requires the consent of a minimum of two staff members. In the event that there is a disagreement, the final decision will be made by the Program Manager or the Assistant Program Manager.

Eligible guests are individuals who are experiencing some form of emotional distress in a way that is or could significantly impact their daily routines and relationships. This distress could be due to increased demands and responsibilities, a loss or other traumatic event, or related to a persistent mental health concern. In general, the

distress can cause feelings of fear, hopelessness, agitation, sleep issues, and other changes that impact the individual's daily routines and relationships. Eligible guests are able to identify specific aspects of their recovery or wellness that they are committed to working on while at Solstice House.

Ineligible guests include individuals experiencing a high level of crisis, have been coerced by someone (i.e. family member or therapist), cannot identify a specific goal they wish to work on that will aid in their recovery, or are unwilling to uphold the values of Solstice House. Individuals who are ineligible for Solstice House can receive support from staff over a Warm Line to access more appropriate resources and supports.

Procedures

Once accepted for a stay at Solstice House, the guest will work with staff to schedule their arrival. At that time, they will be asked to review the guest agreement (Attachment B), guest bill of rights (Attachment C), and house policies (Attachment D). They must sign these documents indicating their understanding and acceptance. Each guest will have a key to their own room as well as a personal lock box.

Within 24 hours of arrival, a guest will be encouraged to develop their Wellness Vision Plan, with support from staff, which will outline specific goals they would like to work on while at Solstice House. Part of this planning will include identifying and connecting to community resources that will help them maintain wellness when they leave Solstice House.

Solstice House has a zero tolerance policy toward the use of alcohol or other substances, violence, sexual harassment, and the possession of weapons of any type.

Programming

Guests will be encouraged to continue with their normal daily routines (i.e. work, school, appointments) if this is part of their Wellness Vision Plan. During their stay they will have access to a variety of wellness activities including one-on-one peer support, group support, arts, cooking, physical wellness, meditation/mindfulness, and gardening.

Solstice House will hold group support sessions for residents only (up to three residents). Other group support sessions, for former residents or others seeking peer support, will be held at alternate locations. Solstice House staff are currently working with partner organizations to hold group support sessions.

Management

Solstice House is overseen by SOAR's Board of Directors. In addition, Solstice House will be forming an Advisory Committee comprised of experts in the field as well as partner organizations. The neighborhood will have a seat on the Advisory Committee in order to facilitate neighborhood involvement in the program and ensure good communication.

Existing Conditions

The property located at 2649 Milwaukee Street property includes a 1,804 SF three bedroom home, a 384 SF hair dresser studio, and a 10.5 by 22 square foot garage. The home has been fully renovated and includes a front porch and rear deck. The home was built in 1890 and is a two-story wood-frame structure on stone foundations. The hair dresser studio was built in 1933 and is a steel frame structure on concrete slab.

The project zoning is Neighborhood Mixed Use. The project is located in the Schenk-Atwood-Starkweather-Yahara Neighborhood Association (SASY), Aldermanic District 6, Ward 39.

Lot Coverage and Open Space

All improvements are existing; no changes are proposed.

Parking

No on-site auto parking is proposed. Bike parking is available in the garage.

Staff and Neighborhood Input

The team has met with planning and zoning staff and has been in contact with the District Alder. The team presented to the SASY Preservation and Development Committee on September 23rd and will attend the SASY October 8th neighborhood meeting to provide written information and be available to answer questions. The Preservation and Development Committee intends to recommend that the SASY Neighborhood Association support the Conditional Use application. A public neighborhood meeting is scheduled for October 22nd at the Hawthorne Library.

Project Schedule

2647 Milwaukee LLC has executed a lease with Solstice House contingent upon the Conditional Use approval. According to the current schedule, if approved by Plan Commission on November 16th, Solstice House will open as soon as any Conditions of Approval have been met. It is hoped this will occur before January 1, 2016.

Hours of Operation

24 hours per day, 7 days per week, 365 days a year.

Estimated Project Cost

All improvements on site are existing as the house has been previously renovated; no additional changes are proposed.

Public Subsidy Requested

None requested

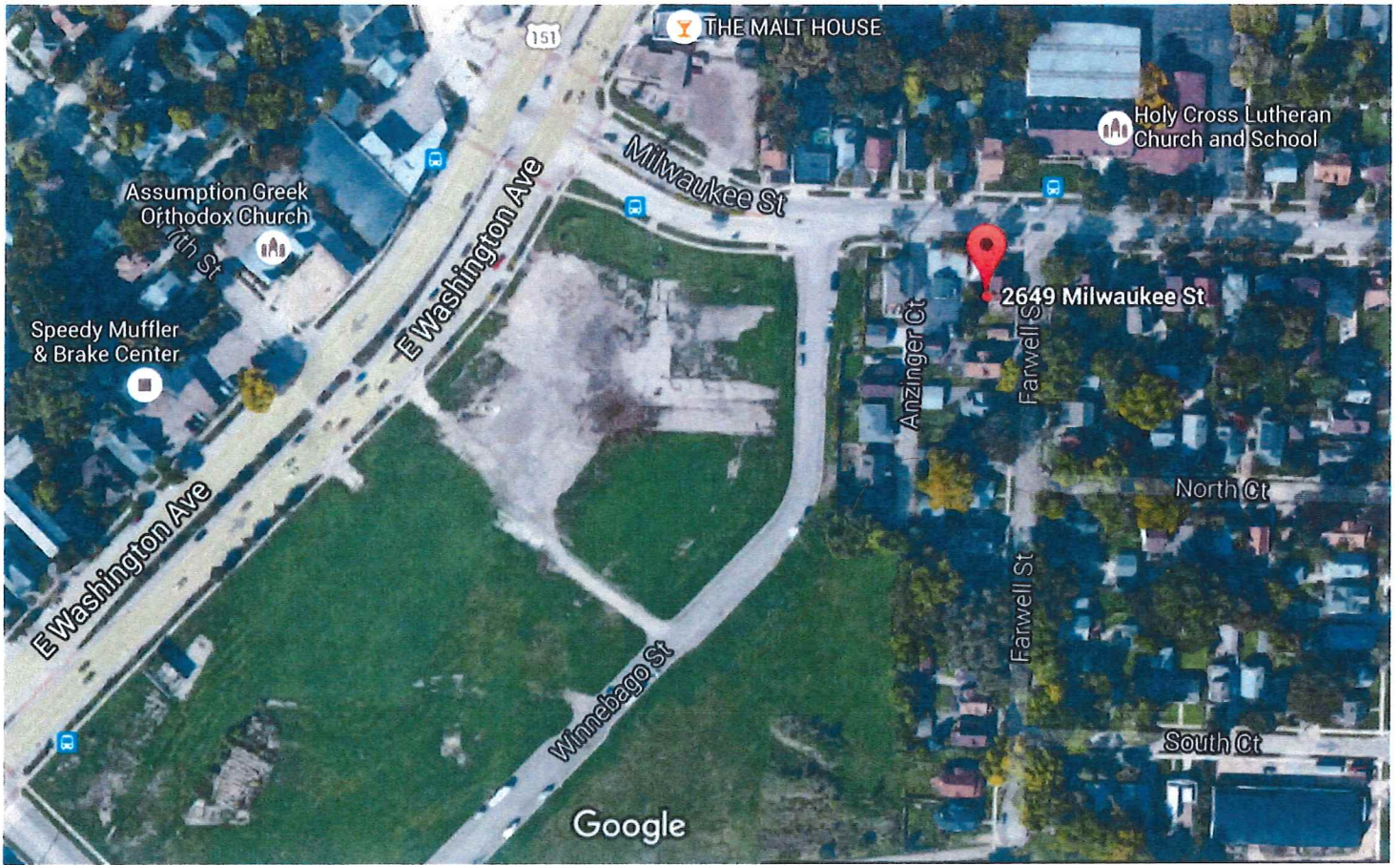
The team appreciates your time and assistance in our efforts to provide a much needed resource for the Madison community. Peer run respite is an important part of the continuum of care for the one in four among us who will suffer from some sort of mental health problem in the course of a year.

Kind regards,



Leah Kornish
Program Manager

Solstice House
2025 Atwood Avenue
Madison, WI 53704
Email: solsticehouse@soarcms.org





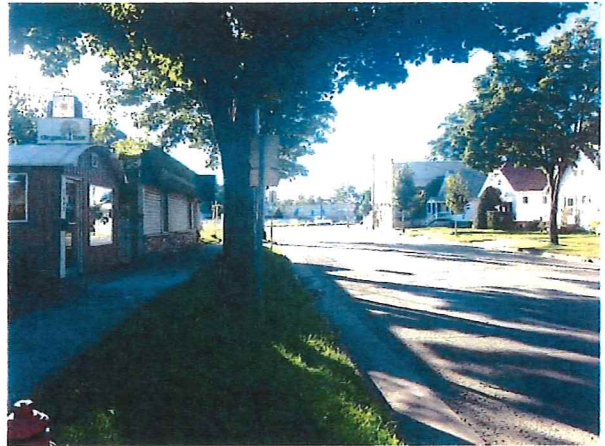
View from Milwaukee Street, with Organic Hair Salon visible on the right.



Backyard of property, from Farwell Street. House sits at corner of Farwell and Milwaukee.



View from front, looking across Milwaukee Street.



View looking west up Milwaukee Street to East Washington Avenue.



View of front yard at the intersection of Milwaukee and Farwell.



Looking south down Milwaukee Street, Holy Cross Lutheran Church across the street.

ATTACHEMENT A

SOAR Case Management Services
2025 Atwood Avenue
Madison, Wisconsin 53704

PEER RUN RESPITE POLICY INFORMATION SHEET #11

RE: Guest Screening/Welcome Conversation

DATE: March 24, 2015

DATE UPDATED: September 18, 2015

Guest Conversation

This is intended as a guide, not a script. The purpose of the initial conversation will be to:

- Share basic information about what it would be like to stay at Solstice House (You can use the Frequently Asked Questions as a guideline if you wish)
- Learn about the person's reasons for calling
- Learn about the person's hopes, needs and thoughts regarding time spent at Solstice House
- Some questions to consider asking may include:
 - During your stay, what specific strategies, activities and goals do you want to work on?
 - If you come to the Solstice House, what do you hope to get from your stay?

PLEASE NOTE: Having an available room should not factor into whether or not someone is considered to be a good fit for the house. The end result of doing outreach and offering a valuable support will likely be operating at capacity, but open rooms should NOT be the immediate focus of any initial conversation.

Ask the individual if they are able to find private space to speak for a while, share that we have a fair amount of information to share about the respite and also want to learn more about them. Private space means that they are in a private room without another individual present. The guest may have a support person present if they wish. The conversation should take place with the individual who is interested in a potential stay at the respite.

During the Initial Conversation:

- Let the individual know that you will be taking notes to remember things that they said accurately and that these notes will be shredded afterward.
- Decision making: Let the individual know that the decision about being accepted for stay is made collaboratively between the individual and two members of the staff team. Let the individual know that we will get back to them within 4 hours of the conversation regarding a final decision. If the conversation takes place between 9:00pm and 4:00am, let the individual know that we will get back to them by 8:00am the following morning.

DATE: _____ TIME OF CALL: _____

NAME: _____

*Check house records to see if the individual has stayed at the respite before.

GUEST IS: _____ NEW _____ RETURNING

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

GENDER: _____

EMERGENCY CONTACT (optional):

NAME: _____

TELEPHONE NUMBER: _____

ACCOMMODATION REQUESTS: _____

Initial Conversation Check-list:

_____ Guest has self-referred to be a guest at Solstice House. Ask the guest if they are voluntarily seeking support and if they are in a place where they feel comfortable speaking openly.

_____ Guest is a Wisconsin resident over the age of 18.

_____ Guest identifies as an individual with lived experience with substance use and/or mental health or as someone experiencing a need for emotional support.

_____ Guest is able to administer own medications and care for own activities of daily living.

_____ Guest does not have any known communicable illnesses (fever, flu symptoms, etc.)

_____ Guest has not had any known contact with bed bugs.

_____ Guest agrees to refrain from any behavior that puts themselves or others at risk of physical, emotional or psychological harm.

_____ Guest commits to signing the Guest Agreement. Go over Guest Agreement verbally with potential guest and let them know that they will be asked to sign this form if it is decided that they are a good fit for respite at this time.

Let the guest know that you are going to review their conversation with another member of Solstice House staff and that you will call them back in the aforementioned timeframe with a decision.

When calling a guest back to confirm a stay at Solstice House suggest that they bring a favorite thing to help them feel at home and comfortable (slippers, pillow, music, book, etc.)

If it is determined that a potential guest is not a good fit for respite at this time ask them if they would like assistance locating other resources and supports that might be a better fit for them at this time.

STAFF NAME: _____

DATE/TIME COMPLETED: _____

ATTACHMENT B

Guest Agreement

Our Peer Run Respite is a healing environment that works to accommodate the recovery needs of the guests staying here. These guidelines apply to all guests, community members, neighbors, visitors, and the people working here. Our respite only works if everyone here has a mutual understanding and respect for one another. To ensure that the needs of our guests are being met, we ask everyone here to review, sign, and acknowledge the guidelines in this agreement.

1. I believe that a 24-hour, peer-supported, environment of mutual understanding will benefit me at this time.
2. I have been given a copy of, and agree to uphold, the mission and values of Solstice House and to treat myself, staff, volunteers, community members and neighbors with dignity and respect.
3. I have been given a copy and understand the policy agreement, guest bill of rights and emergency procedure plans.
4. I understand that Solstice House maintains a ZERO TOLERANCE policy toward the use of alcohol or other substances, violence, sexual harassment, and the possession of weapons of any type.
5. I am willing/able to refrain from use of alcohol and non-prescribed drugs while at the house. I also agree not to return to Solstice House while under the influence of alcohol and/or non-prescribed drugs.
6. I understand that the Peer Run Respite is funded by a grant received from the state of Wisconsin and that they may need to periodically review our documentation and inspect the house.
7. I understand that although Solstice House will try to ensure the safety of my items by providing me with a lock box and key, a bedroom door with a lock and the general expectation that people will not enter each other's private bedrooms without an invitation, Solstice House and the people working here cannot take responsibility for preventing or replacing missing or broken items.
8. I understand that I may be asked to leave Solstice House if:
 - a. I leave and do not contact a staff member about a plan to return within 24-hours
 - b. I bring drugs (or drug paraphernalia), alcohol or weapons to the Respite or return to the Respite while under the influence of alcohol or non-prescribed drugs.
 - c. I have medical or other needs that I am not able to manage independently or with community supports
 - d. I otherwise am not in a place where I hold the values and mission of the house or benefit from the supports offered

Please sign to acknowledge that you have reviewed and understand our guidelines. Please speak with us if there are points you don't agree with or don't understand. We are willing to listen and have an open conversation to find a way that works for all of us.

Arrival Date: _____

Anticipated Departure Date: _____

Guest Signature: _____ Date: _____

Peer Signature: _____ Date: _____

ATTACHMENT C

Policy Agreement

I agree to respect the following policies of Solstice House while staying as a guest:

- Confidentiality policy:
 - Ensuring privacy and confidentiality for guests is essential to creating a safe and welcoming environment.
 - Guests and staff agree not to share personal information shared at the house and not to take photographs without an individual's permission to do so.
- Length of stay:
 - Average length of stay is 3-5 days.
 - If guests feel a longer stay is necessary, they may have a conversation with Solstice House staff regarding an extended stay.
 - Extended stays are subject to approval from the Program Manager.
- Visitor policy:
 - Visitors are expected to abide by the guest agreement and need to sign a visitor form to protect the rights of all guests.
 - Guests hold responsibility to uphold the values of the respite including respect and confidentiality. These values should be considered by the guest in welcoming visitors.
 - Guests may have visitors of their choosing at the Solstice but must inform on duty staff and other guests at least 90 minutes prior to their arrival to ensure adequate and private space.
 - Visiting generally should take place in private rooms whenever possible as visiting in common areas may be challenging for other guests. Remember we are focused on healing and keeping the house a healing environment for all those who stay here.
 - Guests have the right to refuse any visitors at any time.
- Medications:
 - Guests are responsible for managing their own medications.
 - A locked storage box will be provided to each guest for the purpose of storing medications and other personal valuables.
- Service animals:
 - Animals that come to stay with a guest must be service animals.
 - Service animals must be well behaved and supervised by their owner at all times.
 - Guests are responsible for clean-up and pet waste.
 - If the guest leaves the property they must take their service animal with them.
- Smoking policy:
 - Smoking is limited to outside of the house in the back.
 - No smoking in the front of the house.
 - Smokers please be cautious of children in the neighborhood. Remember we are in a residential neighborhood and we would like to be respectful of the families that live here too.
 - Guest must properly dispose of their cigarette butts and make sure they are completely out.
- Food and beverages:
 - Guests will assist with meal preparation for communal meals and may be expected to prepare some meals independently.
 - Guests are welcome to food and beverages in the kitchen.
 - Guests are invited to bring their own food if they require a special diet.

- Guest food must be labeled and dated.
- Food left after guest's stay will be considered a donation to Solstice House.
- Complaint and grievance policy:
 - When there is a concern or disagreement, guests, volunteers and staff should first approach the individual one-on-one utilizing respect, mutuality and intentional communication to resolve the issue.
 - If the issue/concern does not come to an agreeable resolution (for both individuals), the individual may file a verbal or written grievance with the Solstice House Program Manager.
 - If the issue/concern continues to be unresolved, and does not come to an agreeable resolution (for both individuals), the individual may file a verbal or written grievance with the SOAR Executive Director.

I understand that, although efforts will be made to work through any conflicts, I may be asked to leave Solstice House if I am not willing/able to follow any of the policies outline above.

Guest Signature: _____ Date: _____

Peer Signature: _____ Date: _____

ATTACHMENT D

Guest Bill of Rights

As a guest participating in programs and services here at Solstice House, you have the right to:

- Be treated with dignity and respect
- Receive high quality support and service
- Ask questions and receive answers about programs and services
- Make your needs known by communicating your concerns
- Take responsibility for your actions
- Identify, plan, and actively move towards achieving your Wellness Vision
- Work towards finding balance, serenity, and healing
- Focus on your personal strengths and abilities and the gifts that your challenges have given you
- Share mutual lived experiences to give support and hope to others
- Be informed about policies that will result in you being asked to leave Solstice House if violated
- Participate fully in decisions/conversations regarding departure from Peer Run Respite and receive an advance notice regarding the pending departure
- Not be subject to verbal, physical, sexual, emotional, or financial abuse
- Voice concerns, have them heard, receive a prompt response and not receive any threats or unfair treatment as a result
- File a grievance if you are not satisfied with the response to a complaint
- Have your personal information kept confidential and stored in a secured location
- Be assisted by an advocate or supporter of your choice. (i.e. family member, friend, provider, organization, ect.)
- Meet and participate in social, religious, and community groups of your choice.
- Exercise all civil and legal rights afforded to you by law.
- Not be discriminated against on the basis of race, age, sex, religion, national origin, sexual orientation, disability, marital status, financial status, or any other aspect of personal or family culture.
- Request a change in staff member if one is available and when approved by house manager.

This is what we expect from you:

- Treat all staff, volunteers, students, other guests and community members with courtesy and respect.
- Use your time here as an opportunity to further your recovery in an environment of peers and mutual support.

Privacy Officer:

If at any time you feel that your rights are not being respected you are encouraged to contact the Privacy Officer. The Privacy Officer for the Peer Run Respite is SOAR executive director, Trina Menges, who can be contacted via email, trinam@soarcms.org or telephone (608) 422-5240.

Guest Signature: _____ Date: _____

Peer Signature: _____ Date: _____

From: Marsha Rummel <marsha.rummel@gmail.com>
Sent: Tuesday, October 6, 2015 11:31 PM
To: melissa@urbanassetsconsulting.com
Cc: mtucker@cityofmadison.com; tparks@cityofmadison.com; Brad Hinkfuss; Lou Host-Jablonski; Jason Tish; Doug Johnson; Lance Green; Dan Lenz
Subject: Re: Solstice House/2649 Milwaukee Street Update & 30 Day Notification Waiver

Hi Melissa, yes I will waive the 30 day notice. Thank you for doing all the outreach you have so far.
Marsha

Sent from my iPhone

On Oct 6, 2015, at 1:36 PM, "melissa@urbanassetsconsulting.com" <melissa@urbanassetsconsulting.com> wrote:

Hi Marsha –

I am hoping to submit the Conditional Use Application for Solstice House tomorrow, Wednesday, October 7th, at noon, but need a waiver from you for the 30 day notification in order to do so.

Kaylin Shampo, Solstice House staff, and I had a good meeting with the SASY Preservation & Development Committee on September 23rd. We had a lively conversation and they gave us some excellent recommendations on how to present to the neighborhood on October 22nd.

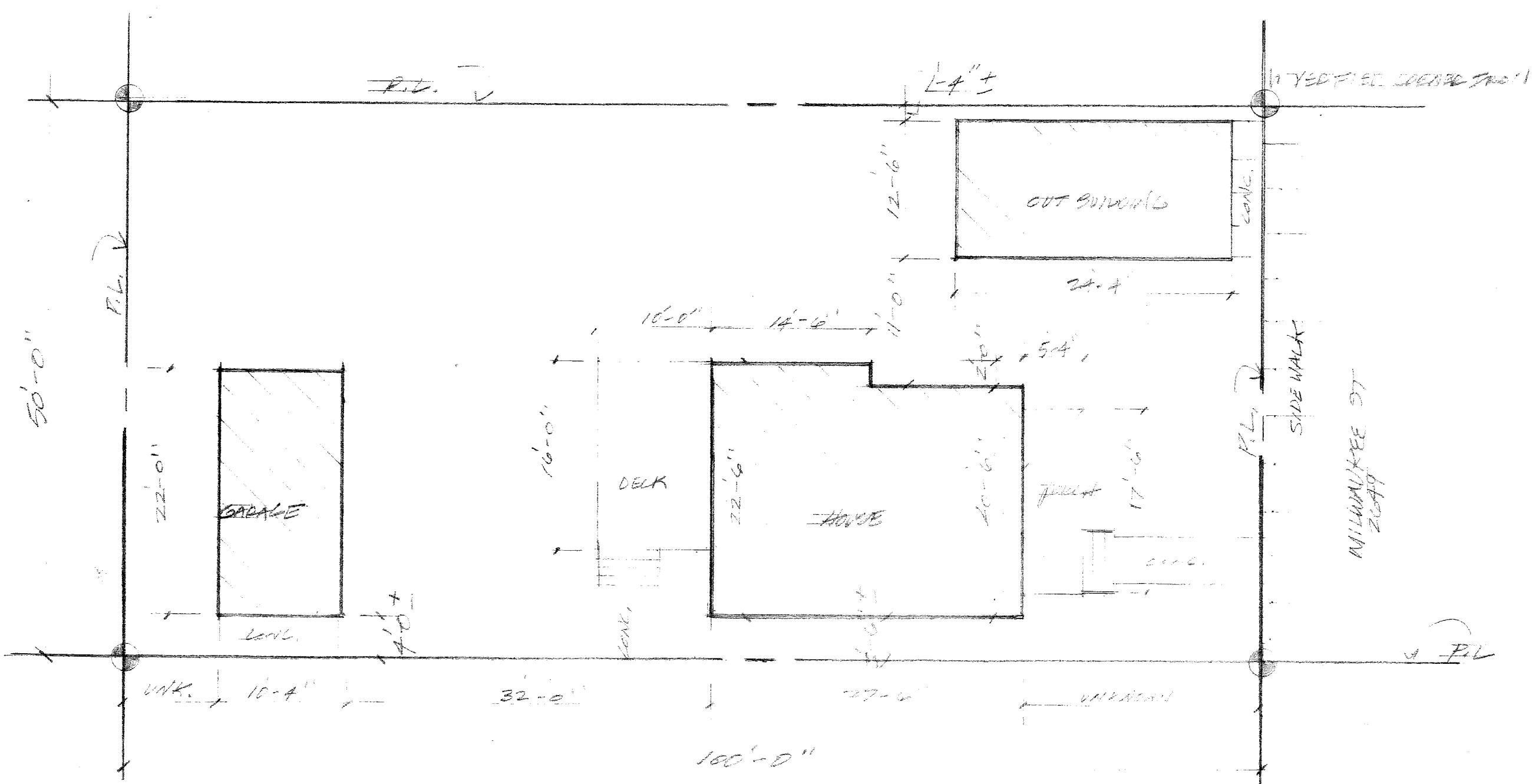
Brad stated at the end of the meeting that the committee would recommend that the SASY Neighborhood Association support the conditional use application, for which we are very grateful. We plan on attending the October 8th neighborhood meeting to be available to answer questions. In addition, Solstice House staff has been hard at work on the Power Point for the neighborhood meeting in response to the committee's suggestions.

Are you willing to waive the 30 day notification? If so, could you send an email to Matt Tucker and copy me? If not, would you please give me a call so that we can discuss?

Thanks for your help!

Melissa

Melissa Huggins, AICP
Principal
Urban Assets
16 North Carroll Street, Suite 530
Madison, Wisconsin 53703
P: 608.819.6566
C: 608.345.0996
www.urbanassetsconsulting.com



SITE PLAN: 2649 MILWAUKEE ST.
 SCALE 1" = 10'-0"

