## **VARIANCE FEES**

MGO \$50.00 COMM \$490.00 Priority – Double above

# PETITION FOR VARIANCE APPLICATION

City of Madison Building Inspection 215 Martin Luther King Jr Blvd Suite 017 Madison, WI 53703 (608) 266-4551, ext. 2

biplans@cityofmadison.com

Name of Owner	Project Description	Agent, architect, or engineering firm
WIRE INVESTMENTS I & II	1	United Care LLC
Company (if applies)	Installation of Maglocks	No. & Street PO BOX 7382
No. & Street	Tenant name (if any)	City, State, Zip Code Madison WI 53707
City, State, Zip Code	Building Address 2841 Harvey St, Madison WI 537	Phone 608-618-0283
Phone 503-453-2569		Name of Contact Person Nur Gutale
<sub>e-mail</sub> j.selover@comcast.net		e-mail Nur@unitedcarellc.com
The rule being petitioned reads nonconforming conditions for y		imber and language. Also, indicate the
SPS 321.03(7)(b) All exit doors shall be	be openable from the interior without the	use of a key.
The proposal is to install a magnetic lo	ock on the main exit door, the kitchen ac	cess door and one of the bedroom windows.
	ese doors will require a key fob to open	from the interior.
<ol><li>The rule being petitioned cannot</li></ol>	ot be entirely satisfied because:	
The property will have a gentleman wi	th mental health challenges that frequen	tly elopes and poses a public safety and risk to self.
	1200	
Whenever the resident is home, thes	e locks will be engaged. Staff are require	ed to always be in the residence with him.
		re engaged. The magnetic locks are all hard wired to ires an electrical current to stay engaged; therefore,
if there is a power outage or if the ele	ectrical current is disrupted by the smoke	or carbon monoxide detector going off,
the locks automatically disengage. There are	he locks are controlled by a key fob, like	those for car doors. One button engages carry one, one will be placed in a lock box on the exter
of the house, and the third will be kep	ot by residential agency supervisors.	
Note: Please attach any pictures, plan	s, or required position statements.	
BY A REVIEW FEE AND AN Note: Petitioner must be the owner	Y REQUIRED POSITION STA r of the building. Tenants, agents, co r is submitted with the Petition for Va	ontractors, attorneys, etc. may not sign the riance Application.
Print name of owner	, being duly sworn, I sta	ate as petitioner that I have read the foregoing
	and I have significant ownership righ	ts in the subject building or project.
Signature of owner		Subscribed and sworn to before me this date:
Notary public		My commission expires:

NOTE: ONLY VARIANCES FOR COMMERCIAL CODES ARE REQUIRED TO BE NOTARIZED.



## **Magnetic Perimeter Locking System Installation Acknowledgement**

Property Owner Name: WIRE INVESTMENTS I & II

E-mail: j.selover@comcast.net

Phone: 503-453-2569

Property Address: 2841 Harvey St, Madison WI 53705

Residential Agency: UNITED CARE LLC

Primary Contact: Nur Gutale E-mail: Nur@unitedcarellc.com

Phone: 608-618-0283

As property owner of the above address, I acknowledge that the tenant listed above requires magnetic locking system for their safety or the safety of others. Prior to installation, the tenant with help from their residential agency and human service providers, will obtain all necessary state and city approval to use the locking device prior to installation. Approvals for magnetic locking systems are only valid for the tenant listed above at the specific address above. The individual, their residential provider and I have talked about who is responsible for removing the magnetic locking system if it is no longer needed or approved.

As property owner, I authorize the residential or human service provider to share a copy of this form with Madison Building Inspection if requested. If tenant or their needs change, the plan for future magnetic locking removal is:

The residential agency is responsible for removing the magnetic locks if the needs change or if they vacate the property. It is noted in the lease that returning the property to its original condition is the responsibility of the residential agency who are listed as tenant in the lease.

Property Owner Name

Property Owner Signature

Date

Nur Gutale

Nur Gutale

04/17/2024

Residential Agency Contact

Residential Agency Signature

Date

## **City of Madison Fire Department Position Statement**

Owner: Justin Selover WIRE INVESTMENTS I & II	Project Name:	Contact: United Care LLC Nur Gutale
Address: P.O. Box 3185 Los Altos, CA 94024	Building Location: 2841 Harvey Street	Address: P.O. Box 7382 Madison WI 53707
Owner Phone: Phone: 503-453-2569 Email: j.selover@comcast.net	Building Occupancy or Use: Single Family Residential Care	Phone: 608-618-0283 Email: nur@unitedcarellc.com

## **Rule Being Petitioned:**

l have read t	the application for variance and	recommend: (	check appropriate box)
☐ Approval	X Conditional Approval	□ Denial	□ No Comment

- Provide fire sprinkler protection in accordance with NFPA 13D within the unit including any basement below the unit.
- Smoke alarms and carbon monoxide alarms shall be interconnected to unlock the doors in an alarm condition.
- Staff shall be onsite and awake at all times when the doors are locked.
- Locks shall be removed if the occupant no longer lives there or if any of the conditions of the application/approval change.

Name of Fire Chief or Designee (type or print)  Matt Hamilton – Fire Protection Engineer	,
City of Madison Fire Department	Telephone Number 608-266-4457
Signature of Fire Chief or Designee	Date Signed 04-23-2024

### Additional Information Regarding the Variance Application for 2841 Harvey St, Madison WI 53705

#### **Primary Contacts:**

Nur Gutale, United Care LLC. 608-618-0283; Nur@unitedcarellc.com

#### **Background Information:**

--- is a 21-year-old man who had multiple admissions at Mental institutions in the last few months due frequent public safety risks. The goal is for him to move to a house with perimeter magnetic locking system to reduce suck risks and provide long term care.

Member's diagnosis include Anxiety disorder, ADHD, Disruptive mood dysregulation disorder, Oppositional defiance disorder, and intermittent explosive disorder. With these diagnosis, the member has extensive history of contact with law enforcement and the legal system. He's been charged with Criminal Damage to Property, Disorderly Conduct (Domestic Abuse and Crime Against an Elderly or Disabled Person Modifiers), Misdemeanor and Felony Bail Jumping, Misdemeanor Battery, Credit card and other theft.

#### Request and Safeguards:

--- will reside in this home, where he will be supported by staff 24 hours a day, seven days a week. Initially --- will always have two staff with him. Regardless of this level of staffing, --- has always found a way to elope. Therefore, his care team would like to move him to a home with a magnetic locking system on the exterior doors. One window in his bedroom will also be equipped with a casing that includes a magnetic lock. Whenever --- is home, these locks will be engaged. Staff are required to always be in the residence with him. They may not ever leave the premises with him alone inside while the locks are engaged. The magnetic locks are all hard wired to the smoke and carbon monoxide detectors within the home. The system requires an electrical current to stay engaged; therefore, if there is a power outage or if the electrical current is disrupted by the smoke or carbon monoxide detector going off, the locks automatically disengage. The locks are controlled by a key fob, like those for car doors. One button engages and the other disengages. There are three fobs for the system. The staff will carry one, one will be placed in a lock box on the exterior of the house, and the third will be kept by residential agency supervisors.

Staff will be thoroughly trained on the system, and the system is checked annually for proper functioning. All batteries in fobs will be replaced annually. The system will be professionally installed by J&K Security Systems, who have a long history of installing similar systems in commercial and group home settings. The equipment will be removed when that need doesn't exist any longer. While other support strategies have been considered, this is the safest and least restrictive method.