

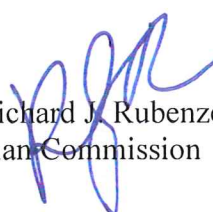
**MINUTES OF THE PLAN COMMISSION MEETING
CITY OF CHIPPEWA FALLS
MONDAY, SEPTEMBER 9, 2019– 6:30 PM**

The Plan Commission met in City Hall on Monday, September 9, 2019 at 6:30 P.M. Present were Commissioners Greg Misfeldt, Dennis Doughty, Mike Tzanakis, Dan Varga, Beth Arneberg, Alderperson Chuck Hull, Secretary Rick Rubenzer and Vice-Chairperson Tom Hubbard. Absent were Mayor Greg Hoffman, Commissioners Dave Cihasky and Jerry Smith. Also attending were Barb Tzanakis, Mark Birrittella representing Notre Dame Parish Mike Cohoon and Ruth Rosenow.

1. **Motion** by Tzanakis, seconded by Hull to approve the minutes of the July 29, 2019 Plan Commission meeting. **All present voting aye. Motion carried.**

2. Mike Cohoon, Ruth Rosenow and Mark Birrittella appeared to support the attached petition for a Special Use Permit to operate up to two tiny houses on Parcel #0009, Notre Dame Parish located at 117 Allen Street in the City of Chippewa Falls. Director of Public Works Rubenzer handed out a draft Special Use Permit Ordinance which was based on previous tiny houses Special Use Permit Ordinances. The Plan Commission and Mr. Cohoon revised the draft ordinance as attached. Mr. Cohoon updated the Plan Commission that this would be the fifth tiny houses location if approved and that the overall goal was for ten locations. Commissioner Doughty asked if the Special Use Permit would become void if a tiny house was not located on the approved parcel within a year of approval of the Special Use Permit Ordinance. Director of Public Works Rubenzer will check.
Motion by Tzanakis, seconded by Varga to recommend the Common Council conduct a public hearing to consider a Special Use Permit to operate up to two tiny houses on Parcel #0009, Notre Dame Parish located at 117 Allen Street in the City of Chippewa Falls. Said public hearing to be scheduled upon receipt of the \$300 advertising and administrative fee and proper notification of all adjacent property owners. **All present voting aye. Motion carried.**

3. **Motion** by Varga, seconded by Hull to adjourn. **All present voting aye. Motion carried.** The Plan Commission adjourned at 6:42 P.M.


Richard J. Rubenzer, P.E., Secretary
Plan Commission

NOTICE OF PUBLIC MEETING

CITY OF CHIPPEWA FALLS, WISCONSIN

IN ACCORDANCE with the provisions of Chapter 19, Subchapter IV of the Statutes of the State of Wisconsin, notice is hereby given that a public meeting of the:

Plan Commission XXX

(Reasonable accommodations for participation by individuals with disabilities will be made upon request. Please call 726-2736)

Will be held on **Monday, August 12, 2019 at 6:30 P.M.** in the City Hall **Council Chambers**, Chippewa Falls, Wisconsin. Items of business to be discussed or acted upon at this meeting are shown on the attached Agenda or listed below:

NOTE: If unable to attend the meeting, please notify the Engineering Dept. by calling 726-2736.

NOTE:

THE PLAN COMMISSION MEETING

FOR

MONDAY, AUGUST 12, 2019

IS

CANCELLED

DUE TO A LACK OF AGENDA ITEMS.

NOTICE IS HEREBY GIVEN THAT A MAJORITY OF THE CITY COUNCIL MAY BE PRESENT AT THIS MEETING TO GATHER INFORMATION ABOUT A SUBJECT OVER WHICH THEY HAVE DECISION MAKING RESPONSIBILITY.

Please note that attachments to this agenda may not be final and are subject to change.
This agenda may be amended as it is reviewed.

CERTIFICATION

I hereby certify that a copy of this agenda was placed in the Chippewa Herald mail box, 1st Floor, City Hall and also posted on the City Hall Bulletin Board on Wednesday, August 7, 2019 at 10:45 A.M. by Mary Bowe.

**MINUTES OF THE PLAN COMMISSION MEETING
CITY OF CHIPPEWA FALLS
MONDAY, JULY 29, 2019– 6:30 PM**

The Plan Commission met in City Hall on Monday, July 29, 2019 at 6:30 P.M. Present were Commissioners Dave Cihasky, Greg Misfeldt, Beth Arneberg, Jerry Smith, Alderperson Chuck Hull, Secretary Rick Rubenzer, P.E. and Vice-Chairperson Tom Hubbard. Absent were Mayor Greg Hoffman and Commissioners Dennis Doughty, Mike Tzanaki and Dan Varga. Also attending were City Inspector Paul Lasiewicz and those on the attached attendance sheet.

1. **Motion** by Hull, seconded by Misfeldt to approve the minutes of the July 8, 2019 Plan Commission meeting with one correction. **All present voting aye. Motion carried.**

2. Nick Semling appeared to support the attached Plat of Countrified Condominiums in the Town of Lafayette. The Plan Commission and Common Council approved a ten lot plat named Three by Three Town Homes in 2016 at this location. Secretary Rubenzer noted that the 10 lots were combined to 5 lots for the Countrified Condominiums but that the approved storm water management plan from 2016 was still valid. Mr. Semling stated that the County had approved the Countrified Condominium Plat as attached.
Motion by Cihasky, seconded by Misfeldt to recommend the Common Council approve the attached Countrified Condominiums Plat in the Town of Lafayette contingent on receipt of the plat review fees and approval of a storm water management plan, (done in 2016). **All present voting aye. Motion carried.**


3. The Plan Commission considered the attached Certified Survey Map submitted on behalf of Eric Stelter by Chippewa Surveying, Inc. Secretary Rubenzer noted that the Certified Survey Map was combining lots 29, 30 and 31, Garden Acres, City of Chippewa Falls and that an easement would be recommended for the existing house on the lot adjacent to and west of Lot 31.
Motion by Misfeldt, seconded by Hull to recommend the Common Council approve the attached Certified Survey Map submitted on behalf of Eric Stelter by Chippewa Surveying, Inc. contingent on receipt of the Certified Survey Map review fees. **All present voting aye. Motion carried.**

4. Mike and Jackie Wood appeared to support their petition for a Special Use Permit to sell used vehicles out of the existing auto body and repair building located at 801 West River Street, Suite 1. City Inspector Paul Lasiewicz stated that retail auto sales has not a permitted or conditional use in the I-3 Heavy Industrial Zoning District and approved the special use process and had no issues with this request.
Motion by Misfeldt, seconded by Arneberg to recommend the Common Council conduct a public hearing to consider a Special Use Permit to sell used vehicles out of the existing auto body and repair building located at 801 West River Street, Suite 1. The public hearing to be scheduled contingent on receipt of the \$300 publication and administration

Please note, these are draft minutes and may be amended until approved by the Common Council.

fees and proper notification of adjacent property owners. **All present voting aye. Motion carried.**

5. The Plan Commission considered the attached Certified Survey Map submitted on behalf of Ned Lenhart by Scheffler Land Surveying to redivide lots 6 and 7, Irvine Addition, City of Chippewa Falls. Secretary Rubenzer noted this Certified Survey Map was in the existing plat of Irvine Addition and needed no storm water plan. **Motion** by Smith, seconded by Cihasky to recommend the Common Council approve the attached Certified Survey Map submitted on behalf of Ned Lenhart by Scheffler Land Surveying to redivide lots 6 and 7, Irvine Addition, City of Chippewa Falls contingent on receipt of the \$100 Certified Survey Map review fee. **All present voting aye. Motion carried.**
6. **Motion** by Misfeldt, seconded by Hull to adjourn. **All present voting aye. Motion carried.** The Plan Commission adjourned at 6:47 P.M.


Richard J. Rubenzer, P.E., Secretary
Plan Commission

PLAN COMMISSION ATTENDANCE SHEET

DATE: July 29, 2019

NAME	COMPANY REPRESENTING	ADDRESS	PHONE #	EMAIL
Eric Stelter		648 W. Garden St	715-210-0377	estelter7@gmail.com
MIKE & JACQUE WOOD	PROTECTA AUTO	801 W. RAINST ST	(717) 944-5667	woodmike@protecta.com
Nick Semmling	CONTRACTOR TALK	5965 CTR RD, FC	715-450-6011	contractortalk@gmail.com

Date Filed: August 28, 2019

Fee Paid: \$25.00 Date: 8-28-2019 TR#: 59440

Fee Paid: _____ Date: _____ TR#: _____

PETITION FOR A SPECIAL USE PERMIT

TO THE CITY OF CHIPPEWA FALLS, WISCONSIN:

I/We, the undersigned, hereby petition the Common Council of the City of Chippewa Falls, Wisconsin, for a Special Use Permit as authorized by the Chippewa Falls Zoning Code, Section 17.46, for the following described property:

Address of Property: 117 Allen St., Chippewa Falls, WI 54729
22808-0532-60011001

Lot: _____ Block: _____ Subdivision: _____ Parcel# _____

Legal Description: Original plat lots 1 through 8 & part of govt lot 5 parcel beginning at SE corner, block 10; SW 245'10", N 35 D W 307'9", NE 159'8" to SW corner, block 10, SE along SW line block 10 to point of beginning

Zoning classification of property: P-1 Public

Purpose for which this Permit is being requested: To locate up to 2 Tiny Houses (licensed as homemade campers) to shelter homeless people on a temporary basis.

Existing use of property within 300 feet of subject property: (List or attach map)

- P-1 Public
- R-1C Single family
- R-3A Multi family
- R-2 Two family

Recite any facts indicating that the proposed use will not be detrimental to the general public's interest, the purposes of this Chapter and the general area in which it is located:

The homes will be available to shelter people who are homeless. Each house could house 1 person or a family up to 4 persons (2 adults, 2 children). Occupants will be screened for criminal activity. Each household will be assigned a Navigator and a mentor with whom ^{they} will have daily contact. The church will provide bathrooms during office hours. There is a portable toilet available for emergency use in each Tiny House. See brochure & agreement for more details.

Operational plans of the proposed use:

Hours of Operation: 24 hours
Days of Operation: 7 days/week
Number of Employees: NA NA
Part-time Full-time

Capacity:

Number of Units: 2
Size: under 400 Sq. feet. Most likely about 100 sq. ft.
Number of Residents/Children: 0-4 per house
Ages: Any
Other: Houses may be vacant for periods of time

Building plans:

Existing buildings: No Change
Proposed buildings: Mobile, homemade Campers licensed by the WI Dept. of Transportation
Use of part of building: No change
Proposed additions: None
Future additions: None

Change in use: Temporary Shelters

Outside appearance: Parked Tiny House on wheels. Wood frame vinyl or wood siding, metal roof.

Number of buildings: Up to 2 Tiny Houses

Planting & Landscaping:

Type: No change

Timetable: NA

Screening:

Type: None

Fences:

Type: None

Height: _____

Location: _____

Earth Bank:

Planting: NA

Maintenance: NA

Other: NA

Lights:

Number of lights: One 75 watt outdoor light by front door of each Tiny House.

Location: on front wall near door (porch light)

Hours: As needed

Type: 75 Watt bulb with Globe

Signs:

Type: None

Lighted: _____

Size: _____

Location: _____

Setbacks: _____

Drives:

Number of: No change

Location: _____

Width: _____

Parking:

Number of stalls: No change

Location of stalls: _____

Setbacks: _____

Surfacing: _____

Screening: _____

Drainage:

Storm sewer: No Change

Rock beds: _____

Detention pond: _____

Retention pond: _____

Submit site plan showing property line, buildings and other structures.

List any additional information being submitted with this permit application: _____

1. Map of property & surrounding area
2. Map of property showing unit placement
3. Copies of participant agreements & brochure describing program
4. Questions/Answers from previous S.U.P requests for Tiny Nom
5. Property info from county web Portal

IN ORDER FOR THIS PETITION TO BE CONSIDERED, THE OWNER(S) OF THE PROPERTY MUST SIGN BELOW:

Owner(s)/Address(es):

Notre Dame Parish
Fr. Burish

Phone #: _____

Email: pastor@theshurchofnotredame.org

Signature: [Signature]

Hope Village

Phone #: 715-723-8280

Email: rrrosenow@charter.net

Signature: [Signature]

Phone #: _____

Email: _____

Signature: _____

Petitioner(s)/Address(es):

Phone #: _____

Email: _____

Signature: _____

Phone #: _____

Email: _____

Signature: _____

Phone #: _____

Email: _____

Signature: _____

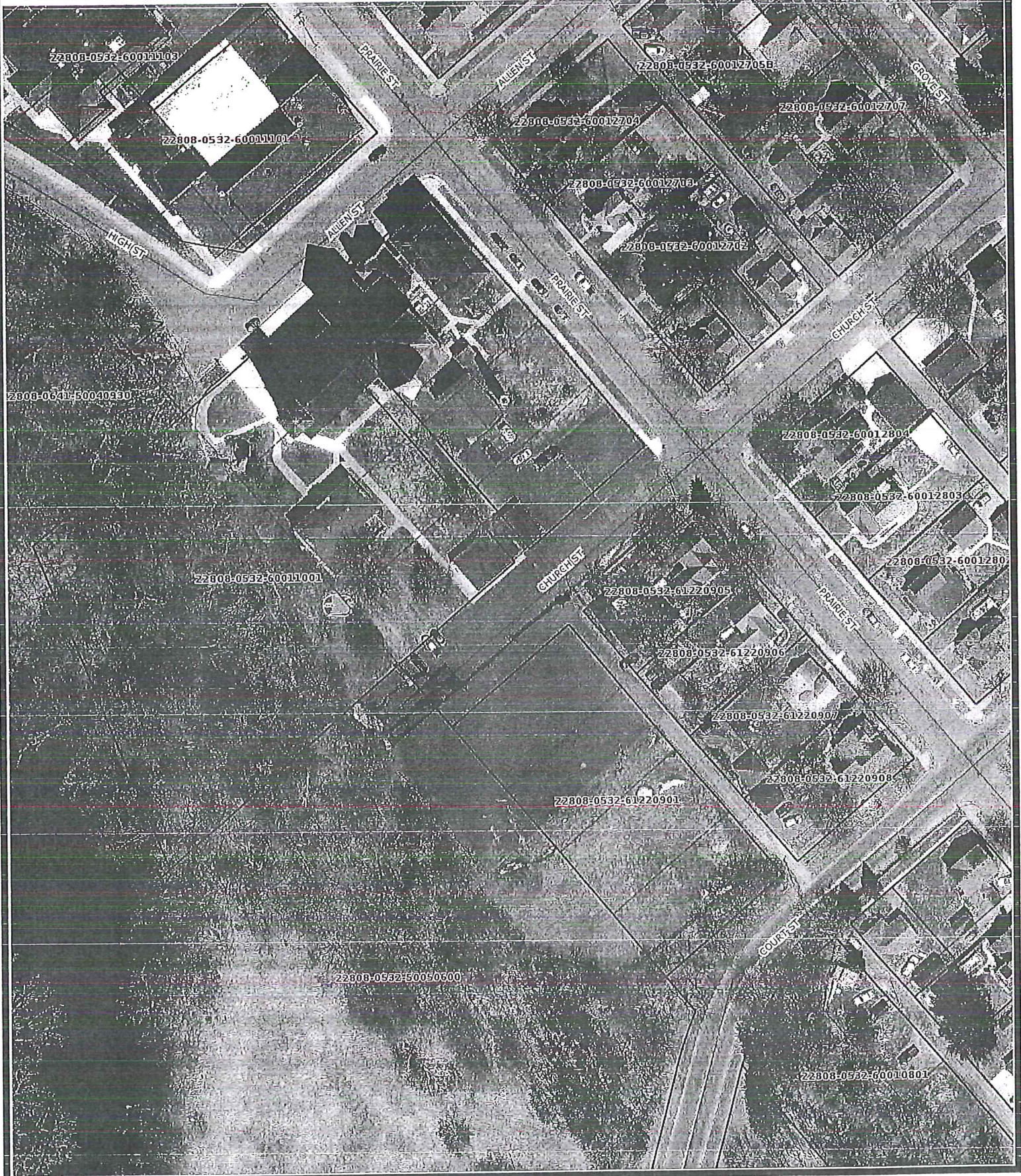
Notre Dame

CHIPPewa COUNTY



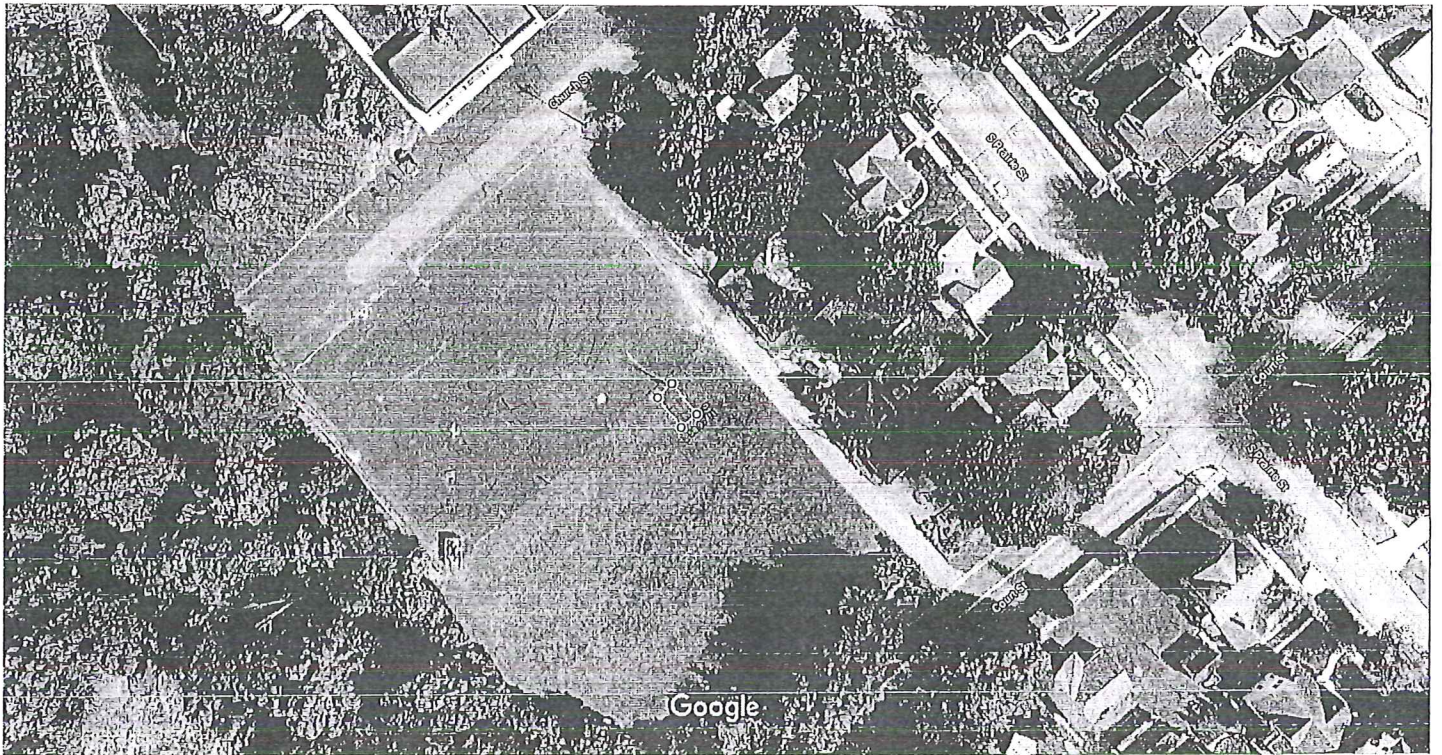
Printed 08/19/2019

Scale = 1:100'



Disclaimer: This map is a compilation of records as they appear in the Chippewa County Offices affecting the area shown and is to be used only for reference purposes.

Google Maps



Imagery ©2019 Google, Map data ©2019 Google 20 ft

Measure distance
Total area: 195.66 ft² (18.18 m²)
Total distance: 58.97 ft (17.97 m)

- 1) Sanitary facilities maintenance and disposal, and access to potable water supply.
 - a. The sanitary facilities in the tiny house/RV consist of a Porta Potty type toilet like the one you might find in a small RV. The PP has a fresh water tank and a waste tank. The PP is dumped daily by the Stewards. The PP is dumped into a toilet in the host church's building. Potable water is available from the host church. There is a simple gravity fed system for the Stewards to use to wash their hands. Dishes are washed inside the host church's building. Showers will be arranged at the homes of volunteers, at the CV – YMCA. (This is the case for Trinity United Methodist Church)
- 2) Garbage Recyclables and Pickup.
 - a. The host church supplies the garbage and recycling bins, they already do this for other ministries that their congregations are involved in. (This is the case for Trinity United Methodist Church)
- 3) Proper Electrical Systems
 - a. The electrical system is the same system you would find in an RV. The system has a 50 amp rainproof power outlet. 120/240 – It has a 25' ft cord like an RV would have. It has six breakers each one 20 amp. One each for the heater, microwave, fridge, lights and 2 for the wall outlets. (This will be the case for Trinity United Methodist Church – the Outlet will be put in during January)
- 4) A designated person in charge of supervision/maintenance with a contact number in case of complaints/issues.
 - a. Mike Cohoon 715-210-5405. We will have back up from our board. (This is the case for Trinity United Methodist Church)
- 5) Standard operating procedures for placement of residents with in the facilities including the screening, contract, and other required documentation.
 - a. You should have a copy of the intake document and the housing contract; it was sent via email last week.
 - b. Intake also has a 3 prong check for background issues. The CDC Outreach Center here in CF does our initial intake, the CDC is the central intake for all things homeless in Chippewa County. If the CDC staff believe that a person is a good fit for a tiny house then Hope Village will do a separate intake/background check prior to a person being given the keys to a tiny house. The third check is done by local law enforcement, we have met with both the Hallie and Chippewa Falls Police Dept and they are given the license/ID information of each person housed in a tiny house. (This is the method for Trinity United Methodist Church)
- 6) Occupant screening process verification.
 - a. See b. above
- 7) Designated Parking Spaces for tiny homes

- a. Some churches may choose to put the tiny house in their parking lot using up one of their parking spots, others may park the tiny house closer to the building in a grassy area. (Trinity will be placing the house/camper next to the building for the privacy of the Steward)
- 8) No open storage including trailers
 - a. The house rules say that all possessions need to be stored inside the house. (This will be the case at Trinity United Methodist Church)
 - 9) Who will utilize the tiny homes?
 - a. Those that find themselves unsheltered. We are looking at serving those that call Chippewa Falls and Chippewa County their home. Stewards will be those that do not pose a danger to their neighbors. A secure living plan will be put together with them so that they are provided with help in securing the necessary to move to more permanent housing. This could include a secure health, secure employment/funds, and secure housing component.
 - 10) Average Length of Stay.
 - a. This will be determined case by case. Our contracts are for 7 days at a time. Our first Steward stayed for 70 plus days. The goal is to work with the steward to remove the obstacles to more permanent housing in as timely as manner as possible. This is not meant to be permanent housing.
 - 11) Why Churches in the City of Chippewa Falls?
 - a. The churches see housing the unsheltered as part of their ministry. As Christians, the members of these churches are familiar with the call to provide for the "least of these". The location of the churches also helps with a transportation issue that exists for the unsheltered. Often unsheltered people either have poor transportation or no transportation. If they do have decent transportation affording fuel is an issue. Providing shelter near to; a grocery store, pharmacy, food programs such as Barnabas Christian Coffee House or Agnes Table (at Trinity), Free Clinic (at First Presbyterian) the Housing Authority (at the Court House), the Career Development Center (on Bridge St) Laundry facilities, and food pantries...is very important to the unsheltered population. Secondly neither the city or any other agency has stepped forward to solve this situation.
 - 12) Why do they have wheels?
 - a. They can be licensed as RV's this way and then fall under the standards of an RV instead of the uniformed building code – thus making the homes affordable yet safe. This was suggested to us, as an option, by our County Zoning Dept when we met with them in April of 2016.

Steps for intake and screening for Hope Village

1. Applicants must meet for a face to face appointment at the CDC Resource Center
 - a. They complete an application
 - b. A criminal background check is printed and if necessary discussed.
 - i. Violent criminal behaviors
 - ii. Active drug or alcohol charges (3 year history)
 - iii. Apparent use by observation or past contact at the Resource Center
 - c. A request for police records made to Chippewa Falls Police Department
 - d. Consideration for suitability in the available units
 - e. Assessment of their suitability for the program
 - i. Mental capacity (Are they capable of living in a Tiny Home? would they be safe? Will that type of housing meet their needs.)
 - ii. Mental health
 - iii. Medical needs
 - iv. Employment needs
 - v. Transportation needs
 - vi. Are they compatible with the guest in the adjacent house?
 2. Appropriate for Hope Village
 - a. Contact made with Mike Cohoon, President of Hope Village to notify a guest is ready and to agree on the unit assignment.
 - b. Contact made with the life coaches who will meet the guest at the Tiny House for introductions and move in procedures.
 - c. Navigator completes the paperwork for admission with the guest.
 - i. Client Data Sheet
 1. Contact Information
 2. Income sources
 3. Other resources (family, friends, professionals, children, service agencies)
 - ii. Participation Agreement
 3. A meeting to develop the Stable Housing Plan (SHP) is scheduled within 48 hours at the Tiny House (guest, Navigator, Life Coaches)
 4. Second Meeting to review the SHP make amendments as needed. Life Coaches are included
 5. Network friends are introduced and provide support for transportation, housing search, rides for showers; social activities.
- Navigator has contact with the guest weekly to review and update the SHP
 - Life Coaches make at least five contacts each week sometimes more. At least two are face-to-face and three or more are by phone call, text or email.
 - Navigator extends participation one week at a time pending cooperation and progress with SHP and compliance with the Tiny House rules.



Date _____

This agreement is between Hope Village-Tiny Housing Alternatives (here after known as "HOPE Village") and _____ (Hereafter known as "the Guest").
First Name, Middle Initial and Last Name

The Guest understands Tiny Houses is Temporary Housing - the duration of the stay is 7 days or less, (with additional seven day stays available upon approval) as outlined in this agreement as follows:

This agreement contain the expectations that the Guest(s) will need to agree to and follow to stay in a Hope Village Tiny House:

1. The Guest must follow the Stable Housing Plan developed with the Hope Village Navigator.
2. The Guest must maintain daily contact with the Hope Village Navigator while being sheltered.
- 3.
4. The Guest will keep the tiny house clean a presentable.
5. **The Guest will empty the porta-potty daily.** The porta-potty is meant for emergency use only. The Porta-potty can be emptied in the bathroom of the church hosting the Tiny House. Hope staff will show you how to empty and maintain the porta-potty.

There is a zero tolerance policy for any of the four following issues causing your immediate removal:

- No illegal activities may take place on the property.
 - Alcohol is not permitted on the property.
 - Illegal Drugs are not allowed on the property.
 - No guns or other weapons are allowed on the property.
6. The Guest will disclose any police record that they may have. Anyone with an open warrant will need to clear it up before being allowed access to a Hope Village house. The local Police Department will be notified of your occupancy,
 7. The Guest will notify Hope Village of any police contact within 6 hours of said contact.

Additional rules include:

- * No other persons/outside guests allowed in the shelter.
- * Cars must be parked in parking lots and not on the lawns.
- * Smoking is not allowed in the house.
- * No open flames are allowed in the house, this include candles.

**Hope Village reserves the Hope Village reserves the right to enter the unit without notice if there is an immediate or emergency concern for the well-being of the steward or for concerns for the condition of the property. Hope Village also reserves the right to inspect the unit for general issues while attending meetings with guests or with a one hour notice. .

**** Turn off the air conditioning when you are gone** - the unit is small and takes little power to cool. *This saves the host churches money on the power bill they pay for you.*

- * All possessions need to be kept inside the house.
- * The Guest will lock the door whenever they leave the premises.

You are assigned to Tiny House # __, which is located at: _____

Your HOPE Village Navigator is: _____ Your Life Coach is: _____

Contact Information for Navigator is: _____ Coach: _____

The Guest understands they must follow the rules of this agreement in order to stay in the Tiny House.

Guest _____ Hope Village _____

Date _____

Agreement duration from _____ to _____

IN CASE OF THREATENING WEATHER; If you hear the storm sirens, or a severe storm approaches, vacate the tiny house and move immediately to the alternate site and remain there until the bad weather passes.

**Referral to Hope Village - Tiny Housing Alternatives
Tiny House Shelter**

Date: _____

Referring Agency: _____ By: _____

**I certify the person I am referring to Hope Village is experiencing homelessness.
I am referring the following person to Hope Village - Tiny Housing for Shelter:**

Client Name: _____ DOB: _____

Contact Information: _____
Cell/email/message number

Date of your Service Intake: _____, Services you have provided to date:

This person has been homeless since: _____, Their last permanent address was: _____

How long had they resided there: _____

Reasons/Cause for Homelessness: _____

Income? Yes/No Source: _____ Amount: _____
Employment/U.C./Disability Per Month/Hour/Week

Type of Disability: _____

Additional Information: _____

HOPE VILLAGE - TINY HOUSING ALTERNATIVES
Authorization for Release of Information

Client Name: _____ Date of Birth: _____

I hereby request and authorize: Hope Village - Tiny Housing Alternatives, Inc.
Att: _____ c/o Landmark Christian Church
4040 126th Street Chippewa Falls, WI 54729

_____ To Release To: _____ To Obtain From: _____ To Exchange With:

Agency: _____
Attention/Worker: _____
Address: _____
City, State, Zip Code: _____
Phone Number/Ext.: _____ FAX: _____

The following information from my records:

_____ Verbal Information _____ Social Work Reports _____ Housing Services
_____ Psychological Test/Evaluation _____ Medical/Health Records _____ Agency Reports
_____ Vocational Records/Reports _____ Financial Records/Accounts _____ Other _____

<i>In compliance with Wisconsin Statutes, which require special permission to release otherwise privileged information, please release treatment records pertaining to:</i>
_____ Mental Health _____ Alcohol Abuse _____ Drug Abuse
_____ Developmental Disabilities _____ Other: _____

The Purpose of Such Disclosure is:

_____ Verify or Determine Eligibility for Services _____ Provide Shelter/Case Management
_____ Other: _____

I hereby release Hope Village - Tiny Housing Alternatives, Inc. from all legal responsibility or liability that may arise from this act. I also understand that a copy of this release will be considered as valid as the original. I understand that I have a right to inspect and receive a copy of the information to be released and a copy of this release form. I further understand that I may revoke this authorization, in writing at any time. Unless revoked, this authorization will remain in effect for one year unless otherwise specified below.

Authorization expires as of _____ (date)

This information has been disclosed to you from records whose confidentiality is protected by Federal Regulations (42CFR part 2) and section 51.30 Wisconsin Statute, which prohibits you from making any further disclosure without the specific consent of the person to whom this pertains.

Signature of Client: _____ Date: _____

Witnessed by: _____ Date: _____

HOPE Village - Tiny Housing Alternatives

Eligibility for Tiny House Shelter

Hope Village Tiny Housing Alternatives specifically serves persons or families who are experiencing homelessness. Hope Village tiny housing is for shelter.

HOPE Village accepts referrals for tiny housing shelter via the CDC Outreach Office in Chippewa Falls (which acts as a central contact point for persons needing shelter, as well as provides a limited number of motel vouchers for shelter).

- 1- Tiny Housing Shelter is a program serving Chippewa County residents. Persons referred for tiny housing shelter must be residents of Chippewa County for at least 60 days, or have ties to the community (such as having family here or be returning to live here as a result of the homeless event), or already be working a legitimate job within the county that can be verified.
- 2-Persons referred must be experiencing homelessness- lacking a fixed, regular, nighttime residence.
3. Persons referred will complete an application, meet for an application interview and assessment, and provide proof of identification.
4. All persons applying for tiny housing shelter will undergo a background check for the safety of Hope Village volunteers, and the community hosting the tiny house.
5. Persons applying for tiny housing shelter must demonstrate the following:
 - a. a willingness to maintain and care for the tiny housing unit.
 - b. demonstrate a willingness to actively work toward achieving stable housing- such as meeting with Service Navigators, completing employment search or employment workshops, and budget planning.
 - c. Applicants will be asked to participate in our "Pay It Forward" Model- to be a participant in tiny housing development in whatever capacity they are able, such as: mentoring another, or helping to build or paint a tiny house, volunteering at a fundraiser, or folding brochures, etc. Hope Village believes it is empowering to be an active partner, to be part of the process.
6. Tiny housing shelter may be declined based on criminal history or pending criminal related legal issues or activities. Tiny housing may be declined if the applicant does not demonstrate a willingness to move toward stable housing.

7. Persons approved for tiny housing will sign an initial shelter contract for seven days. Additional contracts will be signed if the guest demonstrates follow through on their stable housing plan, and is working toward achieving their goals.

8. if a person is not approved for tiny housing, the Coordinator will make referrals to other community resources and shelter services.

Date _____

Contact/cell # _____

Email/Other media contact: _____

Name _____

Last Name	First	Middle Initial
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DOB: _____ Social Security Number: _____

Other Members of your household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Last Address _____

How long did you live there: _____

Do you have a Driver's License? _____

Do you own a vehicle? Type & License Number: _____

How Long have you been without housing: _____

What happened that you lost your housing: _____

Have you experienced homelessness before this? for how long? _____

Do you have any special health care needs: _____

Do you have any current criminal issues/charges pending? circle YES / NO_

List: _____

Have you ever been convicted of a crime/When/What? _____

Are you a veteran? _____ Receive VA Benefits? Yes/NO Amount _____

When did you serve: _____

Are you currently working with a VA Rep/Counselor: _____

VA Contact/Location: _____

What do you feel are your greatest barriers to securing or keeping housing? _____

Are you Disabled: YES / NO Disability: _____
Are You receiving any type of Disability Benefits: Yes/No Amount: _____
Type of Disability: _____
Treatment Plan: _____

Do you have any other type of Income: Source: _____
Amount: _____ Per Week/Bi-weekly/Month: _____

Are you Employed? YES / NO What is your Occupation: _____
Name of Employer: _____
How long have you worked there? _____

How long have you been unemployed: _____
What type of work are you looking for: _____
Are you working with employment agencies or programs: _____

Is there anything else you would like us to know? _____

Emergency Contact Person:
Name: _____
Address: _____
Phone: _____ Relationship: _____

The Information I/We have provided on this application is true and correct to the best of my/our knowledge.

Signature _____ Date _____ Signature _____ Date _____

~~PICTURE ID REQUIRED FOR COPY BACKGROUND CHECK PRIOR TO APPROVAL ID Copied~~

Statistical Information:
Male / Female _____ Senior 62 or + _____ Two-Parent Household _____
____ Single Parent M / F _____ Household w/ Children _____ Adult Couple w/o kids _____
____ Vet _____ Homeless due to D/V _____ Teen Parent (under 21) _____
____ Disabled _____ Gross Month Income _____ Ethnicity: _____

**AN ORDINANCE GRANTING A SPECIAL USE PERMIT
TO OPERATE UP TO TWO TINY HOUSES
ON PARCEL #0009, NOTRE DAME PARISH LOCATED AT #117 ALLEN STREET,
CHIPPEWA FALLS, WISCONSIN**

**THE COMMON COUNCIL OF THE CITY OF CHIPPEWA FALLS, WISCONSIN,
DO ORDAIN AS FOLLOWS:**

1. That a request from Notre Dame Parish for a Special Use Permit was received by the City of Chippewa Falls Plan Commission for consideration and action on September 9, 2019 and has been duly considered.

2. That the City of Chippewa Falls Common Council conducted a public hearing on October 15, 2019 after proper notification of adjacent property owners and heard all those wishing to comment.

3. That a Special Use Permit is hereby issued, pursuant to Chapter 17.48 of the Municipal Code of Chippewa Falls, for up to two tiny houses on parcel #0009, Notre Dame Parish located at #117 Allen Street, Chippewa Falls, Wisconsin. This property is zoned P-1 Public District.

4. That the Special Use Permit is hereby granted and shall be expressly subject to and conditioned upon the following:

- a) Tiny houses shall conform to NFPA 70 National Electrical Code and be properly connected to the Notre Dame Parish Electrical system.
- b) Each tiny house shall have an operating smoke detector, carbon monoxide detector and fire extinguisher, (maintained annually).
- c) Only electric heat sources will be permitted in the tiny houses.
- d) No tents, canopies or tarps associated with the tiny houses shall be permitted on site. Tents or tarps associated with Notre Dame Parish events or celebrations are permitted.
- e) No outdoor fires shall be permitted on the site. Grills are permitted but must maintain a minimum 10' setback from any structure.
- f) No smoking shall be permitted inside the structure.
- g) Sanitary facilities maintenance and disposal and access to potable water supply.
 - The sanitary facilities in the tiny houses/RV shall consist of a porta potty type toilet similar to those found in a small RV. The porta potty shall have a fresh water tank and a waste tank. The porta potty shall be properly emptied daily (except days when the parish is not normally open such as holidays and weekends) in the Notre Dame Parish restroom by Tiny House Guests. Potable water shall be made available from Notre Dame Parish. Dishes shall be washed inside Notre Dame Parish facilities. Showers shall be made available at the homes of volunteers, and at the Chippewa Valley Family YMCA.
- h) Notre Dame Parish shall provide garbage and recycling bins.
- i) Mark Birrittella (715) 255-0188 shall be the designated contact in charge of maintenance and supervision and shall address concerns. The Hope Village Board shall designate Mike Cohoon, (715) 210-5405 as backup person for cases when Mr. Birrittella is unavailable.
- j) Standard operating procedures for placement of residents within the facilities including the screening, contract and other required documentation are as follows:
 - The Career Development Outreach Center (CDC) in Chippewa Falls will perform

initial intake; the CDC is the central intake for all homeless in Chippewa County. If CDC staff believes that a person is a good fit for a tiny house then Hope Village will do a separate intake/background check prior to a person being given the keys to a tiny house. The third check is done by local law enforcement. The Chippewa Falls Police Departments shall be given license and identification information for each Guest occupying a tiny house.

- k) Notre Dame Parish will designate 1 ½ off street Guest parking stalls per tiny house.
- l) Notre Dame Parish will carry liability insurance for the tiny houses located on parish property.
- m) Tiny house habitants are unsheltered individuals and will be known as Guests and the attached agreement with Hope Village will be executed prior to occupancy.
- n) Tiny House Guests will be screened according to the attached agreement document.
- o) Tiny houses are temporary housing and Guests duration of stay shall be seven days or less, (with additional seven day stays available upon approval), as outlined in the attached agreement.
- p) That the attached location map and Special Use Permit Notice and pictures become part of the Special Use Permit Ordinance and available for inspection in the City of Chippewa Falls Engineering and Inspection Offices.
- q) That this permit shall expire upon transfer of ownership of these premises.
- r) That Chapter 17.48 (14), (15) and (16) of the Chippewa Falls Code of Ordinances regarding lapse of permit, automatic termination of permit and revocation of permit shall apply.
- s) As enumerated in Municipal Code Chapter 17.48(17), this Special Use Permit shall be reviewed by the City of Chippewa Falls Common Council every five years in consideration of health, safety, morals, comfort, prosperity and general welfare of the City.
- t) Except as specifically provided herein, all regulations of the City Zoning Ordinance shall apply.
- u) That this permit shall become null and void by non-compliance with this permit or related Codes or by application to the Board of Appeals for any Code variance at these premises.
- v) That all changes or modifications to this permit shall be by the Common Council only after review and recommendation by the Plan Commission and after public notice and hearing as required for a Special Use Permit.

5. That this Ordinance shall take effect from and after its passage and publication.

Dated this 15th day of October 2019.

FIRST READING: October 1, 2019

SECOND READING: October 15, 2019

APPROVED: _____
Mayor

_____ Council President CW King

ATTEST: _____
City Clerk

PUBLISHED: _____