

CITY OF APPLETON
INSPECTION DEPARTMENT
NOTICE OF NONCOMPLIANCE

TAX KEY: 31-5-1058-00 532 W COLLEGE AVE

PAGE: 1

FILE NO: 2025.0416 BUILDING NOTICE DATE: 7/15/25
COMPLIANCE DATE BY: September 25, 2025 INSPECTOR: KURT CRAANEN

SENT TO: KEYSTONE FUTURES LLC
C/O SHANE FORREST
W6534 CEDAR LN
GREENVILLE WI

COPIES TO:

54942

ORDER# CODE SECTION

1.0 Municipal Code
Section 4-136

Correction: Property has been converted from an R2 use (apartment) to an R1 use (motel), this requires architectural plan review and building plan submittal per International Existing Building Code IEBC 1001.2.2.1- Change of Use. Submit plan review and apply for building permit or discontinue use of building as an R1 occupancy.

CITY OF APPLETON
INSPECTION DEPARTMENT
NOTICE OF NONCOMPLIANCE

TAX KEY: 31-5-1058-00 532 W COLLEGE AVE

PAGE: 2

FILE NO: 2025.0416 BUILDING NOTICE DATE: 7/15/25
COMPLIANCE DATE BY: September 25, 2025 INSPECTOR: KURT CRAANEN

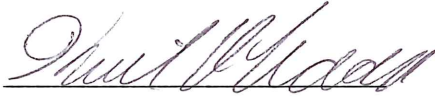
SENT TO: KEYSTONE FUTURES LLC COPIES TO:
C/O SHANE FORREST
W6534 CEDAR LN
GREENVILLE WI 54942

All cited violations shall be corrected by September 25, 2025 unless an extension of time is granted in writing by the Inspector. Each day that the violation continues after the date for compliance shall constitute a separate offense subject to remedies and penalties by the authority having jurisdiction.

AVOID DELAY.

REPORT CORRECTIONS TO THE INSPECTION DIVISION AS SOON AS COMPLETED.

Inspector:


KURT CRAANEN
Inspection Department
100 N. Appleton St.
Appleton, WI 54911-4799
Telephone: (920) 832-6411

OFFICE USE ONLY

Date of Distribution: 7/15/25

Date of Completion: _____



FIRE DEPARTMENT

MEMORANDUM

Date: 7-17-25

To: Health Department

From: Derek Henson, Division Chief of Fire Prevention and Public Education

Subject: TRH License for 532 W. College

The Fire Department records show 532 W. College as an apartment use, or Residential Group R-2. For the building to be used as a Tourist Rooming House (TRH) or transient housing under the code, it will need to be reclassified as a Residential Group R-1 occupancy type per 310.3 of the State Commercial Building Code.

The state adopted International Existing Building Code (2015 edition) constitutes this as a change of occupancy in section 1012.1. IEBC 1012.2 then requires fire protection to be installed in existing buildings that undergo a change of occupancy. There are also other provisions required, such as accessibility and egress updates. There is also a new certificate of occupancy required where a change of use occurs resulting in a different occupancy classification, per IEBC 1001.3.

For 532 W. College, this requires a fire sprinkler system to be installed, and the existing fire alarm system to be upgraded to meet Residential Group R-1 standards. Further, a new certificate of occupancy needs to be issued showing the use as Residential Group R-1. These items need to be completed prior to the Fire Department being able to approve a TRH license for this property.



CITY OF APPLETON

Department of Public Health
Environmental Health
100 North Appleton Street
Appleton, WI 54911
p: 920.832.6429
f: 920.832.5853
www.appleton.org/residents/health

July 29, 2025

KEYSTONE FUTURES LLC
W6534 CEDAR LN
GREENVILLE, WI 54942

ORDER TO CEASE AND DESIST OPERATION OF TRANSIENT LODGING FACILITY

at 532 W COLLEGE AVE, APPLETON, WI aka "STATEVIEW COMMONS"

Thank you for your ongoing efforts to provide quality lodging in the City of Appleton. Our goal is to work with you to ensure that every transient lodging facility operates safely and in full compliance with state and local requirements.

Following a recent joint inspection by the City's Inspections Division (Commercial Properties) and the Appleton Fire Department, we have confirmed that the property referenced above does not meet the standards for a Tourist Rooming House (TRH) under:

Appleton Municipal Code Sec. 9-343, which adopts Wisconsin Administrative Code ATCP 72.01–72.16; ATCP 72.14(1), requiring every TRH to comply with the State Commercial Building Code, chs. SPS 361–365; and Wisconsin Administrative Code SPS 314, the State Fire Prevention Code.

Because a building occupancy permit for transient lodging was never issued and several building and fire code items remain unresolved, the property is not eligible for renewal of its health license under Appleton Municipal Code Sec. 9-301. The most recent health license expired on June 30, 2025.

Required Action

- Cease transient lodging immediately. Continued operation without a valid health license violates Appleton Municipal Code Sec. 9-342(a) and ATCP Ch. 72, and may result in municipal citations and additional enforcement.
- Address building and fire code items. A detailed order from the Inspections Division and Fire Department will follow. Please correct each item and schedule re-inspection when ready.
- Obtain proper approvals. After the corrections are verified, you may apply for a new TRH license. Note that ATCP 72.04(a) requires an individual license for each separately keyed unit.

Appeal rights.

If you wish to appeal the decision not to renew the license, you may file a written request with the City of Appleton Board of Health. Please contact Dr. Charles Sepers, Health Officer, at (920) 832-6433 or charles.sepers@appletonwi.gov for instructions. This order remains in effect while any appeal is pending.

Moving Forward

Under Wisconsin law, the owner or operator of a tourist rooming house bears ultimate responsibility for meeting the State Commercial Building Code and State Fire Prevention Code. We understand that bringing a property into full compliance can require time and resources, and we are committed to helping you navigate the process. With current reservations held into October, and with the nature of the lodging business, it is unreasonable for these required actions to be met without disrupting the business. As such, the City will not pursue municipal citations for reservations held on or before October 31, 2025.

If you have questions about specific code items, inspection scheduling, or the licensing process, please feel free to reach out to:

City of Appleton Inspections Division (Commercial Properties) – (920) 832-6411

Appleton Fire Department – Fire Prevention Bureau – (920) 832-5810

City of Appleton Public Health Department – (920) 832-6429

We appreciate your prompt attention to this matter and look forward to assisting you in achieving full compliance so you may resume operations safely and legally.

Todd R. Schmidt

Environmental Health Technician, TRH Compliance
Appleton Department of Public Health

cc: Darrin Glad, Asst. City Attorney
Charles Sepers, Health Officer
Derek Henson, Battalion Chief, Appleton Fire Department
Kurt Craanen, Inspector Supervisor, Department of Public Works



CITY OF APPLETON

Department of Public Health
Environmental Health
100 North Appleton Street
Appleton, WI 54911
p: 920.832.6429
f: 920.832.5853
www.appleton.org/residents/health

APPEAL RIGHTS ARE TIME-SENSITIVE:

If you or any other owner or representative of the above-named property wishes to contest the attached Order, **within 30 days, YOU MUST deliver to the Health Officer a written objection** to the order stating specific reasons for contesting the order. Failure to timely file an objection will result in your forfeiture of the right to appeal this Order.

The Health Officer, Charles Sepers, with the City of Appleton Department of Public Health, can be reached at:

Health Officer - Dr. Charles Sepers

100 North Appleton Street

Appleton, WI 54911

Phone: 920-832-6433

Fax: 920-832-5853

Email: Charles.Sepers@appleton.org

If you have any questions, please contact the City of Appleton Department of Public Health.

Sincerely,

Todd Schmidt

Environmental Health Technician, TRH Compliance

Appleton Department of Public Health

cc: Darrin Glad, Asst. City Attorney
Charles Sepers, Health Officer
Derek Henson, Battalion Chief, Appleton Fire Department
Kurt Craanen, Inspector Supervisor, Department of Public Works



CITY OF APPLETON

Department of Public Health

Environmental Health

100 North Appleton Street

Appleton, WI 54911

p: 920.832.6429

f: 920.832.5853

www.appleton.org/residents/health

Conditional License Agreement

A Health Department Inspector inspected the following facility:				
License Holder Name KEYSTONE FUTURES, LLC		Trade Name (DBA): TRH 532 W COLLEGE AVE (STATEVIEW)		
Location Address Street 532 W COLLEGE AVE		City Appleton		State WI
				Zip 54911
License Type: TOURIST ROOMING HOUSE	Facility ID: MROS-C8ST4E	<input type="checkbox"/> New License		Date of Inspection:
Phone: 920-970-1314	Email: investinkeystone@gmail.com			
The signers agree to the following:				
1. The Appleton Health Department will issue a conditional license to the above listed license holder pursuant to Wis. Admin. Code § ATCP 72.04.				
2. The following are the condition(s) that will be placed on the license with a specified date for satisfying the condition(s):				
<p>A.) Building must meet applicable commercial building and fire code regulations to be used for short term rentals (R1 building classification). If this condition is not met, this conditional license will become void on 12/31/2025 unless an extension is granted by the City of Appleton Health Department. As mutually agreed, the licensee must immediately begin working with a commercial building design professional to determine a compliance path forward. The compliance path forward contemplates an extension and additional conditions based on the commercial building design professional's findings.</p> <p>B.) The Licensee may honor existing reservations until 10/31/2025 provided smoke and carbon monoxide alarms are checked for proper function prior to every stay. These checks shall be documented on an appropriate log in real time and made available to City of Appleton staff upon request. If this condition is not met, this conditional license will become void on 12/31/2025 unless an extension is granted by the City of Appleton Health Department.</p> <p>C.) For any short-term rental reservations for stays after 10/31/2025, the fire alarm system shall have third-party monitoring in place. Proof of this system shall be provided to the Appleton Fire Department. Upon Fire Department approval of this third-party monitoring system, short-term rental reservations may be honored until 12/31/2025. If this condition is not met, this conditional license will become void on 10/31/2025 unless an extension is granted by the City of Appleton Health Department.</p>				
3. The Health Department may conduct a chargeable re-inspection of the facility or review documents that are requested to determine satisfaction of each condition. License holder may be charged a re-inspection fee for each required re-inspection to ensure conditions have been met. If the license holder completes all conditions before the final date listed in Paragraph 2 and wishes to have the inspection completed sooner, please contact our office.				
<ul style="list-style-type: none"> Submit identified document(s) to the Health Department by date indicated in condition. <p>If all conditions have not been met, but the Health Department in its sole discretion, agrees to an extension of conditions, the license holder may be charged an additional re-inspection fee for any subsequent re-inspection.</p>				
4. By signing this agreement, the license holder agrees that the Health Department has personal jurisdiction over the license holder and subject matter jurisdiction. The license holder also agrees that the Health Department may issue the conditional license, under the terms in Paragraphs 1 and 2, and waives any right to contest the license being issued.				

5. By signing this agreement, the license holder agrees that violating any condition on the license is grounds for the Health Department to summarily suspend or void the conditional license. If this license is suspended or voided, the licensee may request a hearing, pursuant to Section 9-305 of the Municipal Code of the City of Appleton. The hearing is limited to whether the action is justified under the terms of the conditional license. A request for hearing on a Health Department action does not stay or modify the Health Department's action.

The person signing on this (date) _____ attests that he or she is either the individual or part of the married couple listed as license holder or is legally authorized to sign on behalf of the legal entity license holder.

Person in Charge: (please print)

Title:

Person in Charge Signature:

Date of Signature:

Inspector Signature:

Date of Signature:

Conditional License Extension Section – For Internal Appleton Health Department Staff Only

This conditional license will be reviewed by the Appleton Health Department prior to its expiration specified in Section 2 on the first page of this form. The conditional license may be granted an extension, per Wis. Admin. Code chs. ATCP 72.

Conditional license extensions will only be granted if the Department has evidence that the operator is actively working towards achieving compliance and that public health and safety is not immediately jeopardized. If granted, the extension shall provide an additional amount of time for the operator to come into compliance with Section 2 on the first page of this form.

☐ Conditional License Extended

This conditional license is extended through date:

This will be the final date of the conditional license; it will not be extended again.

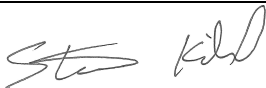
☐ Full License Released

The conditions outlined in section 2 of this form have been met and the full license is hereby released on date:

☐ Conditional license voided and operations shall cease and desist

The conditions outlined in section 2 of this form have not been met by the original timeframe specified, or if an extension was granted, by the extended deadline. This conditional license is hereby voided per the terms under section 5 of this Conditional License Agreement. Operations shall cease and desist on date:

Environmental Health Supervisor Signature:



Date of Signature:

9/18/2025



INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.

It includes an initiating device test record.

This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.

It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

Inspection/Test Start Date/Time: 10/13/2025 11am Inspection/Test Completion Date/Time: 10/13/2025 12:30pm

Number of Supplemental Pages Attached: no

1. PROPERTY INFORMATION

Name of property: [Stateview Commons](#)

Address: 532 W. College Ave. Appleton, WI 54911

2. INITIATING DEVICE TEST RESULTS

[illegible]

2. NOTIFICATION APPLIANCE TEST RESULTS (continued)

[illegible]



Atlas Fire & Security
W3547 Hillside Circle • Malone, WI 53049
T: 920-924-5754 F: 920-906-9379 • E: atlas.fns@gmail.com
Life Safety and Security System Specialists



SYSTEM RECORD OF INSPECTION AND TESTING

*This form is to be completed by the system inspection and testing contractor at the time of a system test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 10/13/2025 11am Inspection/Test Completion Date/Time: 10/13/2025 12:30pm

Supplemental Form(s) Attached: yes (yes/no)

1. PROPERTY INFORMATION

Name of property: Stateview Commons

Address: 532 W. College Ave. Appleton, WI 54911

Description of property: B1- Lower, R1- apartments- Upper

Name of property representative: Shane Forrest

Address: _____

Phone: 715-490-5999 Fax: _____ E-mail: stateviewcommons@gmail.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Atlas Fire and Security

Address: 195 Trowbridge Drive, Fond du Lac, WI 54937

Phone: 920-924-5754 Fax: 920-906-9379 E-mail: atlas.fns@gmail.com

Monitoring organization: Local Only

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Account number: _____ Phone line 1: _____ Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: . Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Above FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Faraday Model number: 13200-200

4.2 Software and Firmware

Firmware revision number: 2.3

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: 20 Location: Upstairs FACP

Overcurrent protection type: BRKR Amps: 20 Disconnecting means location: HSE Panel #3

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Battery Location: FACP

Battery type (if applicable): qty 2- 4amp/hr 12V - Lead Acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 15

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: <u>Shane Forrest</u>	Time: <u>11am</u>
Building occupants	Contact: <u>Occupants</u>	Time: <u>11am</u>
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

6. TESTING RESULTS (continued)

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: <u>Shane Forest</u>	Time: <u>12:30pm</u>
Building occupants	Contact: <u>Occupants</u>	Time: <u>12:30pm</u>
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 10/13/2025 Time: 12:30pm

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: Jake Schneider Printed name: Jake Schneider Date: 10/13/2025

Organization: Atlas Fire and Security Title: Vice President Phone: 920-924-5754

Qualifications (refer to 10.5.3): Manufacturer Certified

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

Sensitivity testing conducted on 5 smoke detectors. Results showed that all smoke detectors are highly recommended to replace.

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: Shane Forest Printed name: Shane Forest Date: 10/13/2025

Organization: State View Commons Title: Owner/President Phone: 715-490-5999