



**Congregate Living & Social Services Licensing Board**  
**Tuesday, October 22, 2024, 6:00 PM**  
**Council Chambers, second floor, 3 Washington St.**

**AGENDA**

- I. **Call to Order:** Roll Call
- II. **Minutes of Previous Meeting:** September 24, 2024
- III. **Unfinished Business:**
- IV. **Applications:**

**Continued CLSS-2024-17:** Applicant, Beth Daniels, Executive Director for Southworth Community Services, is requesting a **renewal** Congregate Living & Social Services License for a homeless shelter, located at 139 Roxbury St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**Continued CLSS-2024-18:** Applicant, Beth Daniels, Executive Director for Southworth Community Services, is requesting a **renewal** Congregate Living & Social Services License for a homeless shelter, located at 32 Water St., and is in the Downtown Transition District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2024-20:** Applicant, Rhoda Jurkowski, Property Manager for Monadnock Affordable Housing, is requesting a **renewal** Congregate Living & Social Services License for a lodging house, located at 86 Winter St., and is in the Downtown Transition District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2024-21:** Applicant, Peggy Winchester, Property Manager for Finch Capital, is requesting a **renewal** Congregate Living & Social Services License for a lodging house, located at 57 Winchester St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2024-19:** Applicant, Trevor Grauer, COO for Keene Cribs, is requesting a **renewal** Congregate Living & Social Services License for a lodging house, located at 85 Winchester St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

- V. **New Business**
- VI. **Adjournment**

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1 City of Keene  
2 New Hampshire

3  
4  
5 CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD  
6 MEETING MINUTES  
7

Tuesday, September 24, 2024

6:00 PM

Council Chambers,  
City Hall

Members Present:

Andrew Oram, Chair  
Medard Kopczynski, Vice Chair  
Alison Welsh  
Jennifer Seher  
Tom Savastano

Staff Present:

Jesse Rounds, Community Development  
Director

Members Not Present:

Ashok Bahl, Alternate

8  
9 **I. Call to Order: Roll Call**

10  
11 Chair Oram called the meeting to order at 6:01 PM.

12  
13 **II. Vote for Vice Chair**

14  
15 A motion by Ms. Welsh to nominate Mr. Kopczynski as Vice Chair was duly seconded by Ms.  
16 Seher and the motion carried unanimously.

17  
18 **III. Minutes of the Previous Meeting: May 28, 2024**

19  
20 A motion by Mr. Savastano to adopt May 28, 2024 minutes was duly seconded by Ms. Welsh  
21 and the motion carried unanimously.

22  
23 **IV. Unfinished Business:**

24  
25 Jesse Rounds, Community Development Director, thanked the Board Clerk, Corinne Marcou, for  
26 her work as there was no unfinished business to present.

27  
28 **V. Applications:**

- 29 A) **Continued CLSS-2024-14: Applicant, Samuel Lake, Executive Director for**  
30 **Keene Serenity Center, is requesting a Congregate Living & Social Services**  
31 **License for a Group Resource Center, located at 24 Vernon St., and is in the**  
32 **Downtown Core District and as defined in Chapter 46, Article X of the Keene**  
33 **City Ordinances.**

34 Chair Oram requested staff comments. Mr. Rounds said this was a continuation but that the  
35 Board would be resolving the issue of the 2024 license and voting for the 2025 license as well.  
36 He explained that the last time the Serenity Center was before the Board, it was inadvertently  
37 discovered that there was a minor permitting issue with a bathroom on the property. Now, Mr.  
38 Rounds said the bathroom, all inspections (including Fire), and this CLSS application were all  
39 complete.

40  
41 Chair Oram welcomed the applicant, Samuel Lake, Executive Director of the Keene Serenity  
42 Center. Mr. Lake said he was glad to hear that if approved, the license would be for the whole of  
43 2025, because it had been a rocky start to this process. He explained that the Serenity Center is a  
44 local nonprofit recovery community organization. It is a day program only, which he said is an  
45 oddity for this license because compared to other CLSS license holders, the organization does  
46 not provide housing; though he said he could direct those looking for housing to anyone willing  
47 to provide a spare room. Mr. Lake called it a rare program that offers harm reduction, recovery,  
48 coaching, and a lot of outreaches outside of the physical location at 24 Vernon Street (i.e.,  
49 community engagement). The Serenity Center tries to be involved with every community  
50 organization that it can, such as the Greater Keene Homeless Coalition and the NH Harm  
51 Reduction Coalition. The Serenity Center also has a transportation program and a harm reduction  
52 program. The office at 24 Vernon Street is open Monday–Friday, 9:00 AM–5:00 PM, but there  
53 are evening groups and spaces are rented to external groups for AA and NA meetings.

54  
55 Vice Chair Kopczynski said he remembered the Serenity Center’s history. Ms. Welsh stated that  
56 she appreciates the services that the Serenity Center offers that are a big help to the community.  
57 Ms. Seher said that she thought the neighborhood plan submitted with the application was really  
58 great and comprehensive, and she also appreciates what the Serenity Center does. Mr. Lake  
59 appreciated those comments.

60  
61 There were no public comments.

62  
63 Mr. Savastano said the application seemed complete to him.

64  
65 Chair Oram asked Mr. Rounds if—since City staff were doing well to provide the Board with  
66 good summaries of the applications, making it clear that the applicants were meeting the three  
67 criteria for granting licenses—if the Board could motion to accept all three criteria together in  
68 the absence of objections. Mr. Rounds replied that it would be perfectly acceptable from the  
69 staff’s perspective, and he thought it would only be a change of practice, not a change of a Rule  
70 of Procedure (he later confirmed in the Rules). Vice Chair Kopczynski thought it was a good  
71 idea, noting that initially, the only model the Board had to follow was the Zoning Board of  
72 Adjustment, which is a completely different Board with completely different mechanisms. Over  
73 time, the Vice Chair thought it might be best for this Board to codify its formal practices that  
74 identifies as most effective, especially if it makes the process easier for applicants and City staff.  
75 The Board had no objections.

76



77 A motion by Ms. Welsh to accept City staff’s opinion that the three criteria for approving the  
78 application had been met was duly seconded by Mr. Savastano. The motion carried unanimously.  
79

80 A motion by Vice Chair Kopczynski to approve Continued Application CLSS-2024-14 for the  
81 Keene Serenity Center Group Resource Center located at 24 Vernon Street was duly seconded by  
82 Ms. Welsh. The motion carried unanimously.  
83

84 **B) CLSS-2024-16: Applicant, for Becky Beaton, Executive Director for**  
85 **Hundred Nights, Inc., is requesting a renewal Congregate Living & Social**  
86 **Services License for a homeless shelter, located at 122 Water St., and is in the**  
87 **Downtown Growth District and as defined in Chapter 46, Article X of the**  
88 **Keene City Ordinances.**  
89

90 Chair Oram requested staff comments. Mr. Rounds said there were no issues with the Building,  
91 Fire, or Property & Housing Inspections. This was a license renewal at the new location. He said  
92 the applicant made some changes to their outreach plan that Mr. Rounds thought aligned well  
93 with the interests of the community, but that was at the Board’s discretion.  
94

95 Vice Chair Kopczynski noted that there was a change in the plan from gathering people a few  
96 times annually to attending the East Keene Group meetings, which the Vice Chair called a  
97 positive change. While he did not ask for a modification, the Vice Chair suggested adding  
98 contact information for their direct neighbors in the future as well: the condominium association,  
99 the furniture factory, and Southwestern Community Services workforce housing project. Vice  
100 Chair Kopczynski said those neighbors might not attend the East Keene Group meetings and  
101 therefore might not know the valuable work going on.  
102

103 Chair Oram welcomed the applicant, Becky Beaton, Executive Director of Hundred Nights, Inc.  
104 at 122 Water Street, who had been in that position since April 2024. She had been making the  
105 effort to attend the East Keene Group meetings because she saw how valuable they were for  
106 neighborhood connection. She explained that the shelter itself was supporting 48 individuals on  
107 any given night and had been at capacity since opening. Unfortunately, they were turning people  
108 away, so the definite need was clear. Ms. Beaton supported the Vice Chair’s recommendation to  
109 reach out even further to neighbors, explaining that she was in communication regularly with  
110 Southwestern Community Services as a community partner to ensure they are serving all  
111 community members. Vice Chair Kopczynski advised that if Ms. Beaton needs contact  
112 information for other neighbors or community partners, she could call Mr. Rounds or Ms.  
113 Marcou.

114 Mr. Savastano referred to page 1 of the neighborhood relations plan, under Who We Are, he  
115 quoted: “Our vision is a community where all people are equally valued and supported, where  
116 every individual in Cheshire County will have access to appropriate stable housing.” Mr.  
117 Savastano asked if the shelter accepted referrals from outside of Cheshire County. Ms. Beaton  
118 replied that one requirement of being licensed through the State of NH is being a part of the “211  
119 System,” so Hundred Nights frequently receives calls from outside Cheshire County. However,

120 she said the relationships being built are primarily within the City. She has a monthly meeting  
121 within the City of Keene and with other local community organizations. So, she said the majority  
122 of the individuals served are from Keene or Cheshire County, but the 211 System requires  
123 accepting individuals from outside of the County. Mr. Savastano asked if the 211 System is  
124 linked to Hundred Nights' funding. Ms. Beaton said yes. Mr. Savastano said he was curious  
125 because the plan stated: "Our goal is to collaborate with the community to see, hear, and support  
126 those among us who are equally deserving of dignity..." Ms. Beaton said that generally  
127 speaking, it is not people coming into Keene because they reached out to Hundred Nights, but  
128 they had already come to Keene, and are now among us for the most part.

129 Ms. Seher said the neighborhood relations plan was much better than she remembered it in the  
130 past and she appreciated it. She quoted: "Identify opportunities to positively engage with our  
131 neighbors and community and establish a procedure to follow for any neighbor or community  
132 contact...". Seher asked if those procedures were already in place. Ms. Beaton replied that there  
133 is an email dedicated to neighbor communications, a process in place for phone call and email  
134 follow-up, and guests are participating in neighborhood events like a local clean-up day, and they  
135 are discussing how to support the adjacent section of the bike path, and more. Ms. Seher said  
136 those were good ideas and noted her connection to American House, stating that American  
137 House was interested in more connection and supporting Hundred Nights more in a neighborly  
138 way to work together on the bike path vision. Ms. Beaton said she loved that idea because none  
139 of the groups could accomplish that goal on their own. Ms. Seher said she would help put Ms.  
140 Beaton in contact.

141 Vice Chair Kopczynski said people talk a lot about homelessness, some of which is propaganda.  
142 However, he said that what many people are mad about is trash and debris. He said that not  
143 everyone congregating and leaving trash on the bike path are homeless or coming out of  
144 Hundred Nights, but they get blamed, and sometimes truthfully. So, he encouraged Ms. Beaton  
145 to work out a program—especially one that Hundred Nights could take ownership of and share—  
146 that he thought could be successful, reduce complaints, and increase acceptance of this  
147 population. Vice Chair Kopczynski stated that people only see through some strange lenses  
148 sometimes.

149 Ms. Welsh referenced a system for restorative justice plan in 2023 that Patrick Heneghan helped  
150 with. Ms. Beaton replied that this was a continuation of a prior plan with Mr. Heneghan and  
151 Hundred Nights guests and staff were still very involved with him twice monthly.

152 Chair Oram said he really liked the bike path idea that Ms. Beaton mentioned. He thought  
153 Hundred Nights would be interdicting a stereotype by getting involved, which he said was smart.

154 There were no public comments.

155 Vice Chair Kopczynski was glad Ms. Beaton was present but said that this would take a lot of  
156 work in many different directions. He thought about all the challenges developing housing and  
157 the goal to get those unhoused into housing. He added the need to work together on these issues,  
158 but he mentioned that many do not want to work on homelessness, and they want others to do it,  
159 which he said would never solve the problem; we will all need to work together with clear goals.

160 He thought the bike path would be a good place to start; the effort could begin at Main Street to  
161 make it visible. Vice Chair Kopczynski said he regularly tells people that we cannot surrender  
162 the bike path and the parks, we have to participate in keeping them active, clean, and in the front  
163 of people’s minds.

164 Ms. Welsh asked if the City has an adopt a road program. Vice Chair Kopczynski was unsure if  
165 it still existed as it used to for cleaning up litter along roadways. He compared it to the annual  
166 Green Up Keene event that his son started. He noted that even in the classiest neighborhoods,  
167 there will be trash alongside the roadways. Those are the things—like rehabilitating rundown  
168 homes and cleaning litter—that uplift neighborhoods. Without those efforts, Vice Chair  
169 Kopczynski said there can be a psychological impact, so others think it is okay to litter, etc., too.

170 A motion by Ms. Welsh to accept that Hundred Nights, Inc. met the three criteria for approving  
171 the application was duly seconded by Mr. Savastano. The motion carried unanimously.

172 A motion by Ms. Welsh to approve Application CLSS-2024-16 for the Hundred Nights, Inc.  
173 Homeless Shelter at 122 Water Street was duly seconded by Vice Chair Kopczynski. The motion  
174 carried unanimously.

175 C) **CLSS-2024-17: Applicant, for Beth Daniels, Executive Director for**  
176 **Southwestern Community Services, is requesting a renewal Congregate**  
177 **Living & Social Services License for a homeless shelter, located at 139**  
178 **Roxbury St., and is in the High Density District and as defined in Chapter 46,**  
179 **Article X of the Keene City Ordinances.**

180  
181 Chair Oram requested staff comments. Mr. Rounds reported that the applicant could not be  
182 present. So, he advised the Board to continue this application until the October 22, 2024 meeting.

183  
184 Chair Oram motioned to continue Application CLSS-2024-17 until October 22, 2024 Congregate  
185 Living & Social Services Licensing Board meeting at 6:00 PM in the City Hall 2<sup>nd</sup> floor Council  
186 Chamber. Ms. Seher seconded the motion, which carried unanimously.

187  
188 Chair Oram asked—if City staff had found the application to be complete—that ... there is a  
189 requirement that the applicant must appear before the Board. Mr. Rounds said that was correct.  
190 Chair Oram said that otherwise the Board could have been efficient in a different way.

191  
192 D) **CLSS-2024-18: Applicant, for Beth Daniels, Executive Director for**  
193 **Southwestern Community Services, is requesting a renewal Congregate**  
194 **Living & Social Services License for a homeless shelter, located at 32 Water**  
195 **St., and is in the Downtown Transition District and as defined in Chapter 46,**  
196 **Article X of the Keene City Ordinances.**

197  
198 Mr. Rounds reported that this was the same case as for Application CLSS-2024-17 above.

199

200 Chair Oram motioned to continue Application CLSS-2024-18 until October 22, 2024 Congregate  
201 Living & Social Services Licensing Board meeting at 6:00 PM in the City Hall 2<sup>nd</sup> floor Council  
202 Chamber. Mr. Savastano seconded the motion, which carried unanimously.

203

204 **VI. New Business**

205

206 Mr. Savastano sought Board feedback on a letter he was considering submitting to the editor of  
207 the Keene Sentinel, as the City Attorney, Tom Mullins, suggested seeking their input. He  
208 provided copies for the Board which he explained he used language from the City website to  
209 help with this draft. Mr. Savastano said his intention was to inform the public that this Board  
210 exists and that it is an outlet for the public to show its support different agencies or to express  
211 concerns about various issues. He noted past experiences with challenges navigating the City  
212 website or providing feedback.

213

214 Chair Oram thought it was a thoughtful idea because it was clear that either people do not know  
215 this Board exists or do not know the extent to which this board exists. So, he thought clarifying  
216 for the public would be helpful. Vice Chair Kopczynski said he agreed, stating his belief that one  
217 of the failings of how governments work is how they relate to their citizens. He questioned how  
218 to change those barriers and noted that the City had been working very hard on outreach, but this  
219 Board has a unique way of doing things. So, the Vice Chair thought greater education of  
220 applicants and the public would be beneficial. For example, he doubted anyone in the East Keene  
221 Group knew about this meeting, for better or worse. Ms. Welsh liked the letter.

222 Ms. Welsh thanked Mr. Rounds for the staff report, which she found helpful. The Board agreed.  
223 Chair Oram called it clearer and precise. He understood much of that was because many were in  
224 a renewal stage and it would be different for new applications, but he appreciated the focus and  
225 the new language to be more efficient.

226 Mr. Rounds noted that this would be his last meeting with the City and that he appreciated all the  
227 time the Board had committed to these community organizations. He hoped this Board would  
228 become a place for new ideas and cooperation. The Board would continue being led by Ms.  
229 Marcou, who had laid so much of the good groundwork, and the new Staff Liaison, Rick Wood,  
230 Fire Marshal/Building Inspector. The Board wished Mr. Rounds well and thanked him for his  
231 work to streamline things.

232 **VII. Adjournment**

233

234 There being no further business, Chair Oram adjourned the meeting at 6:42 PM.

235 Respectfully submitted by,  
236 Katryna Kibler, Minute Taker  
237 October 1, 2024

238

239 Reviewed and edited by,  
240 Corinne Marcou, Board Clerk

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**CLSS-2024-17 – Homeless Shelter – Southwestern Community Services, Inc. – PO Box 603  
Keene, NH**

**Request:**

Applicant Beth Daniels, CEO, requests a license for a Homeless Shelter at the property located at 139 Roxbury Street and is in the Downtown-Transition Zoning District.

**Background:**

Southwestern Community Services (SCS) is a Community Action Program that has been serving the Cheshire County Community since 1965. They offer a variety of community services including Housing Stabilization Services.

This is the second CLSS renewal sought by SCS for the 139 Roxbury Street property.

**Completeness:**

The property at 139 Roxbury Street is seeking their second renewal. No changes have been made to their documentation. Staff finds their application to be complete.

**Inspections:**

Community Development's inspection was completed on July 30, 2024

**Departmental Comments:**

**Property & Housing: No Comments**

**Fire Department: No Comments**

**Police Department: No Comments**

**Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

**Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2024-17 for the Southwestern Community Services homeless shelter located at 139 Roxbury Street.**



City of Keene, NH

### Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No.	CLSS-2021-17
Date Filled	8/23/24
Rec'd By	Cam
Page	1 of 4
Tax Map#	564-098.00
Zoning District	High Density

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

**SECTION 1: LICENSE TYPE**

<input type="radio"/> Drug Treatment Center	<input type="radio"/> Group Home, Small	<input checked="" type="radio"/> Homeless Shelter
<input type="radio"/> Fraternity/Sorority	<input type="radio"/> Group Resource Center	<input type="radio"/> Lodging House
<input type="radio"/> Group Home, Large	<input type="radio"/> Residential Drug/Alcohol Treatment Facility	<input type="radio"/> Residential Care Facility

**SECTION 2: PROPERTY LOCATION**

**ADDRESS:** 139 Roxbury Street Keene NH 03431

**SECTION 3: CONTACT INFORMATION**

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
<b>NAME/COMPANY:</b> Southwestern Community Services, Inc.	<b>NAME/COMPANY:</b> Southwestern Community Services, Inc.
<b>MAILING ADDRESS:</b> P.O. Box 603 Keene NH 03431-0603	<b>MAILING ADDRESS:</b> P.O. Box 603 Keene NH 03431-0603
<b>PHONE:</b> (603) 352-7512	<b>PHONE:</b> (603) 352-7512
<b>EMAIL:</b> bdaniels@scshelps.org	<b>EMAIL:</b> bdaniels@scshelps.org
<b>SIGNATURE:</b> <i>Beth Daniels</i> <b>DATE:</b> 08/22/24	<b>SIGNATURE:</b> <i>Beth Daniels</i> <b>DATE:</b> 08/22/24
<b>PRINTED NAME:</b> Beth Daniels <b>TITLE:</b> CEO	<b>PRINTED NAME:</b> Beth Daniels <b>TITLE:</b> CEO

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)
<b>NAME/COMPANY:</b> Margaret Freeman/Southwestern Community Services	<b>NAME/COMPANY:</b> Lore DeForest Southwestern Community Services
<b>MAILING ADDRESS:</b> P.O. Box 603 Keene NH 03431-0603	<b>MAILING ADDRESS:</b> P.O. Box 603 Keene NH 03431-0603
<b>PHONE:</b> (603) 352-7512	<b>PHONE:</b> (603) 209-0251
<b>EMAIL:</b> mfreeman@scshelps.org	<b>EMAIL:</b> ldeforest@scshelps.org
<b>SIGNATURE:</b> <i>Margaret Freeman</i> <b>DATE:</b> 8/22/24	<b>SIGNATURE:</b> <i>Lore DeForest</i> <b>DATE:</b> 08/22/24
<b>PRINTED NAME:</b> Margaret Freeman <b>TITLE:</b> CFO	<b>PRINTED NAME:</b> Lore DeForest <b>TITLE:</b> CEP Manager



## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

### **1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Emergency Shelter Services will provide services for clients representing themselves as homeless regardless of age, race, color, religion, creed, sexual preference, gender, gender identification, familial status, or disabling condition.

People experiencing homelessness will have their basic needs met in a safe environment, with a safe and clean place to sleep that is off the streets.

Emergency Shelter Services will include access to personal care items, clothing, showers, laundry and food. Clients will be offered a housing focused case plan and provided ongoing case management services which will monitor progress toward housing goals.

These case plans will prioritize housing and focus on housing applications, obtaining state and federal benefits, employment income if applicable, and collecting all verification that may be required by housing providers.

Clients will be provided access to education classes provided by SCS and community partners. We will provide various educational opportunities. Our focus will be Tenancy 101, Life Skills, and Financial Literacy. These classes are specifically designed to increase our clients financial and housing stability.

All services provided in our emergency shelter program will adhere to the proven results of low barrier, housing first model within a trauma informed care environment.

### **2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

139 Roxbury Street is a single building with approximately 2614 square feet of living space and sits on a .23 acre lot with approximately 3889 square feet of lawn.

The building has a full eat in kitchen and 2 full baths and a half bath, a living room, a dining room, an office, and five bedrooms with an on-site laundry area.

The building at maximum capacity will serve 18 clients. While the capacity fluctuates on a day-to-day basis, the facility typically maintains 95% or more of it's maximum capacity.

The building's one office space is utilized by one staff member who is mostly on-site. SCS does not allow visitors to our facilities due to confidentiality concerns, but will allow community partners to meet with clients as long as protocols are followed. SCS provides staff coverage from 8:30am-4:30pm and all buildings have a contact tree for off hours in case of an emergency.



**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

Southwestern Community Services relies on the New Hampshire Homeless Management Information System (HMIS) to track client information. Using the reports from the system with a time frame of one year beginning September 1, 2023 we found that all exiting clients had stayed an average of 95 days while all clients who remained in the shelter had stayed an average of 147 days.

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**CLSS-2024-18 – Homeless Shelter – Southwestern Community Services, Inc. – PO Box 603  
Keene, NH**

**Request:**

Applicant Beth Daniels, CEO, requests a license for a Homeless Shelter at the property located at 32 Water Street and is in the Downtown-Transition Zoning District.

**Background:**

Southwestern Community Services (SCS) is a Community Action Program that has been serving the Cheshire County Community since 1965. They offer a variety of community services including Housing Stabilization Services.

This is the second CLSS renewal sought by SCS for the 32 Water Street property.

**Completeness:**

The property at 32 Water Street is seeking their second renewal. No changes have been made to their documentation. Staff finds their application to be complete.

**Inspections:**

Community Development's inspection was completed on July 30, 2024

**Departmental Comments:**

**Property & Housing: No Comments**

**Fire Department: No Comments**

**Police Department: No Comments**

**Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

**Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2024-18 for the Southwestern Community Services homeless shelter located at 32 Water Street.**



City of Keene, NH

### Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. 2155-2024-18  
 Date Filled 8/23/24  
 Rec'd By CM  
 Page 1 of 4  
 Tax Map# 505-016-000  
 Zoning District: Downtown transition

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keeneh.gov

#### SECTION 1: LICENSE TYPE

- |   |   |   |
|---|---|---|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                           | <input checked="" type="radio"/> Homeless Shelter |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                       | <input type="radio"/> Lodging House               |
| <input type="radio"/> Group Home, Large     | <input type="radio"/> Residential Drug/Alcohol Treatment Facility | <input type="radio"/> Residential Care Facility   |

#### SECTION 2: PROPERTY LOCATION

ADDRESS: **32 Water Street Keene NH 03431**

#### SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: Southwestern Community Services, Inc.	NAME/COMPANY: Southwestern Community Services, Inc.
MAILING ADDRESS: P.O. Box 603 Keene NH 03431-0603	MAILING ADDRESS: P.O. Box 603 Keene NH 03431-0603
PHONE: (603) 352-7512	PHONE: (603) 352-7512
EMAIL: bdaniels@scshelps.org	EMAIL: bdaniels@scshelps.org
SIGNATURE: <i>Beth Daniels</i> DATE: 08/22/24	SIGNATURE: <i>Beth Daniels</i> DATE: 08/22/24
PRINTED NAME: Beth Daniels TITLE: CEO	PRINTED NAME: Beth Daniels TITLE: CEO

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)
NAME/COMPANY: Margaret Freeman/Southwestern Community Services	NAME/COMPANY: Lore DeForest Southwestern Community Services
MAILING ADDRESS: P.O. Box 603 Keene NH 03431-0603	MAILING ADDRESS: P.O. Box 603 Keene NH 03431-0603
PHONE: (603) 352-7512	PHONE: (603) 209-0251
EMAIL: mfreeman@scshelps.org	EMAIL: ldeforest@scshelps.org
SIGNATURE: <i>Margaret Freeman</i> DATE: 8/22/24	SIGNATURE: <i>Lore DeForest</i> DATE: 08/22/24
PRINTED NAME: Margaret Freeman TITLE: CFO	PRINTED NAME: Lore DeForest TITLE: CEP Manager



## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

### **1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Emergency Shelter Services will provide services for clients representing themselves as homeless regardless of age, race, color, religion, creed, sexual preference, gender, gender identification, familial status, or disabling condition.

People experiencing homelessness will have their basic needs met in a safe environment, with a safe and clean place to sleep that is off the streets.

Emergency Shelter Services will include access to personal care items, clothing, showers, laundry and food. Clients will be offered a housing focused case plan and provided ongoing case management services which will monitor progress toward housing goals.

These case plans will prioritize housing and focus on housing applications, obtaining state and federal benefits, employment income if applicable, and collecting all verification that may be required by housing providers.

Clients will be provided access to education classes provided by SCS and community partners. We will provide various educational opportunities. Our focus will be Tenancy 101, Life Skills, and Financial Literacy. These classes are specifically designed to increase our clients financial and housing stability.

All services provided in our emergency shelter program will adhere to the proven results of low barrier, housing first model within a trauma informed care environment.

### **2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

32 Water Street is a duplex with 2638 square feet of living space and sits on a .2 acre lot with approximately 3397 square feet of lawn.

The first unit on the Water Street side has a full kitchen and 2 full baths, a living room, a dining room, an office, and four bedrooms with an on-site laundry area.

The second unit, in the back of the building, has an eat in kitchen, living room, two bedrooms, and one bathroom. The unit also has an on-site laundry area.

The building at maximum capacity will serve 23 clients. While the capacity fluctuates on a day-to-day basis, the facility typically maintains 90% or more of it's maximum capacity.

The front unit of the building contains 17 beds with the rear apartment having 6 beds.

The building's one office space is utilized by one staff member who is mostly on-site. SCS does not allow visitors to our facilities due to confidentiality concerns, but will allow community partners to meet with clients as long as protocols are followed. SCS provides staff coverage from 8:30am-4:30pm and all buildings have a contact tree for off hours in case of an emergency.

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

Southwestern Community Services relies on the New Hampshire Homeless Management Information System (HMIS) to track client information. Using the reports from the system with a time frame of one year beginning September 1, 2023 we found that all exiting clients had stayed an average of 95 days while all clients who remained in the shelter had stayed an average of 147 days.

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## CLSS STAFF REPORT

### CLSS-2024-20 – Lodging House – Hampshire House, 86 Winter Street

**Request:**

Applicant Rhoda Jurkowski, Property Manager requests a license for a Lodging House at the property located at 86 Winter Street and is in the Downtown-Transition Zoning District.

**Background:**

Keene Housing operates this facility which is a single building with 18 private tenant bedrooms and one single bedroom apartment for the residential property manager. There are no business operations at this facility.

This is the second CLSS renewal sought by Keene Housing for the 86 Winter Street property.

**Completeness:**

The property at 86 Winter Street is seeking their second renewal. No changes have been made to their documentation. Staff find their application to be complete.

**Inspections:**

Community Development's inspection was completed on August 28, 2024

**Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

**Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

**Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2024-20 for the Keene Housing lodging house located at 86 Winter Street.**





City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**

Case No. \_\_\_\_\_  
Date Filled \_\_\_\_\_  
Rec'd By \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenehnh.gov

## SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input checked="" type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> Residential Care Facility

## SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
<b>NAME/COMPANY:</b> Monadnock Affordable Housing Corp.	<b>NAME/COMPANY:</b> Keene Housing
<b>MAILING ADDRESS:</b> 831 Court St. Keene, NH 03431	<b>MAILING ADDRESS:</b> 831 Court Street Keene, NH 03431
<b>PHONE:</b> (603) 352-6161	<b>PHONE:</b> (603) 499-7263
<b>EMAIL:</b> jmeehan@keenehousing.org	<b>EMAIL:</b> rjurkowski@keenehousing.org
<b>SIGNATURE:</b>  8/20/2024	<b>SIGNATURE:</b>  8/20/2024
<b>PRINTED NAME:</b> Joshua R. Meehan, Executive Director	<b>PRINTED NAME:</b> Rhoda Jurkowski, Property Manager

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) <input type="checkbox"/> Same as owner
<b>NAME/COMPANY:</b>	<b>NAME/COMPANY:</b> On site Resident Managers Linda Hagg, Lenny Garrett or Keene Housing
<b>MAILING ADDRESS:</b>	<b>MAILING ADDRESS:</b>
<b>PHONE:</b>	<b>PHONE:</b> Resident Managers 358-5377 Keene Housing 352-6161
<b>EMAIL:</b>	<b>EMAIL:</b>
<b>SIGNATURE:</b>	<b>SIGNATURE:</b>
<b>PRINTED NAME:</b>	<b>PRINTED NAME:</b>

**SECTION 3: PROPERTY INFORMATION**

**PROPERTY ADDRESS:**

86 Winter St. Keene, NH 03431

**TAX MAP PARCEL NUMBER:**

575

**ZONING DISTRICT:**

**LOCATION MAP:**

*Please attach*

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

1. Description of the ~~client~~ population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

Individual Adult Tenants  
No services on or off site

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

Residential House (No services)

18 single private rooms (1 individual adult tenant per room)

1 (1 BR) apartment (on site Residential Property Managers)

This location is a home, there are no business operations at this property

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Initial 1 year lease - many live there for multiple years, some have resided there for more than 20 years.

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## CLSS STAFF REPORT

**CLSS-2024-21 – Lodging House – Finch Capital LLC, 465 West End Ave, PH, New York NY**

### **Request:**

Applicant Mojgan Skelton, owner, on behalf of Finch Capital, LLC requests a license renewal for a Lodging House at the property located at 57 Winchester Street and is in the High-Density zoning district

### **Background:**

Finch Capital, LLC operates this facility, renting to a total of 12 individuals in private bedroom/units. There are no business operations at this facility.

This is the first CLSS renewal sought by Finch Capital, LLC for the 57 Winchester Street property.

### **Completeness:**

The property at 57 Winchester Street is seeking their first renewal. No changes have been made to their documentation. Staff find their application to be complete.

### **Inspections:**

Fire Departments inspection was completed on July 20, 2024

### **Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

### **Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

### **Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2024-21 for Finch Capital LLC for a lodging house located at 57 Winchester Street.**





City of Keene, NH

# Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No.	CLSS-2024-01
Date Filled	10/10/24
Rec'd By	ASH
Page	1 of 1
Tax Map#	
Zoning District	

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keeneh.gov

## SECTION 1: LICENSE TYPE

- |   |   |   |
|---|---|---|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                           | <input type="radio"/> Homeless Shelter          |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                       | <input checked="" type="radio"/> Lodging House  |
| <input type="radio"/> Group Home, Large     | <input type="radio"/> Residential Drug/Alcohol Treatment Facility | <input type="radio"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: 57 Winchester Street, Keene New Hampshire 03431

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY: Finch Capital LLC		NAME/COMPANY: Finch Capital LLC	
MAILING ADDRESS: 465 West End Avenue, PH, New York, NY 10024		MAILING ADDRESS: 465 West End Avenue, PH, New York, NY 10024	
PHONE: 646-644-9433		PHONE: 646-644-9433	
EMAIL: Harvard833@gmail.com		EMAIL: Harvard833@gmail.com	
SIGNATURE: <i>M Skelton</i>	DATE: 10/9/2024	SIGNATURE: <i>M Skelton</i>	DATE: 10/9/2024
PRINTED NAME: Mojgan Skelton	TITLE: Owner	PRINTED NAME: Mojgan Skelton	TITLE: Owner

AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
NAME/COMPANY:		NAME/COMPANY: Peggy Winchester	
MAILING ADDRESS:		MAILING ADDRESS: 29 Strawberry Lane, Hinsdale, NH 03451	
PHONE:		PHONE: 802-258-8500	
EMAIL:		EMAIL: winchesterstreet57@gmail.com	
SIGNATURE:	DATE:	SIGNATURE: <i>P Winchester</i>	DATE: 10/9/2024
PRINTED NAME:	TITLE:	PRINTED NAME: Peggy Winchester	TITLE: Operator

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

57 Winchester st is a Lodging house. This location will provide housing to college students. There is not an individual/employee on site to manage the location internally.

The services provided are an 24 hour emergency line and maintenance when needed or requested. We have provided phone numbers to our tenants for this purpose. They are also provided with an email address for any maintenance requests.

Within the building we have hard wired smoke and carbon monoxide detectors, sprinkler system, fire box which keeps direct commuication with the Keene Fire department and lastly fire extinguishers.

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

The occupancy for this building is for 12 individuals. This building has 12 individual bedrooms/units.

There are no hours of operation as the this house is not a business nor its own entity. This is student/tenant housing.

Please see attachments regarding what the building entails from square footage, bedrooms. occupancy etc.

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

Currently we are mid semester, so leases are running November 1st to May 15th. With the start of a new school year next year leases will run June 1st to May 15th.



Finch Capital, LLC  
465 West End Avenue, PH  
New York, NY 10024

Property: 57 Winchester Street, Keene, New Hampshire 03431

**Security Plan:**

The property at 57 Winchester has a keyed entry, with an automatic locking door as soon as it closes. All units/bedrooms are individually keyed. Keys to the front entry door are released to all tenants and keys to each unit/bedroom are released to the tenant who occupies the room. The manager has a master set, and an additional master set is held in a lock box on the property for the Keene Fire Department.

There is outside lighting by each entry way.

Fire Detection systems: smoke and carbon monoxide detectors are hardwired through the building. The sprinkler system is inspected annually. We provide a monitored alarm system that communicates with the Keene Fire Department. Fire extinguishers are provided on each floor. Exit signs are lit, there is an emergency light system to aid during an emergency.

Fire rated doors are located on each floor, within each entry way for preventative methods in case of an emergency.

**Life Safety Plan:**

On each floor there is a diagram of where the emergency exits are located.

**Staff Training and Procedures Plan:**

We do not have a staff member occupying this residence. There is someone available 24 hours a day for emergency service that our tenants may text or call.

We provide maintenance and repair as requested by our tenants. We also incorporate other companies with the correct licenses for repair issues. For example, any plumbing and heating issues are addressed by a NH licensed tech. Any electrical issues are addressed by NH licensed electricians.

**Health and Safety Plan:**

There are general housekeeping rules as set forth in the lease such as not storing garbage or empty bottles and cans inside the rooms so as not to encourage pests. Tenants are not allowed to store any belongings in the stairwell, hallway or entryways that would prohibit access in and out of those areas. There is no smoking policy in or around the building.

### **Emergency Response Plan:**

We provide a 24-hour emergency service that our tenants may text or call. Once the call is made, we determine who to call out from Keene Police Department, Keene Fire Department, heating tech, plumber, maintenance, and or electrician. Responding to each call effectively and efficiently is our top priority for all our tenants. We rely heavily on our city's trained personnel for their incredible response times as well as advisement during any emergency.

### **Neighborhood Relations Plan:**

This specific location is surrounded by a similar population and demographic. More specifically, most neighbors are also college student/tenants and have a similar lease and time frame of occupancy. We rely on communications to and from our neighbors as well as our city representatives to help support the goals of our community. The emergency line we provide to our tenants is also equally available for every neighbor, every city representative and any individual that may feel the need to communicate any issue large or small.

### **Building and Site Maintenance Plan:**

We provide multiple services for our tenants during the duration of their lease agreement: *Trash removal:* weekly service provided. *Snow Removal:* tenants are notified from our office as to a window of time that the plows will be addressing snow accumulation. Sanding and salting is provided based on the New England weather. *Mowing:* 10-14 day rotation during summer and fall months and/or provided as needed based on the season.

Tenants have an email address or telephone number that gives them the ability to submit maintenance orders.

All emergencies are handled through the emergency line.

Electrical Issues: addressed as needed by a licensed electrician.

Heat Issues: addressed as needed by a licensed heating professional

Fire Extinguishers: Addressed annually or as needed by Fire Safety

Alarm Box, smoke detectors and carbon Monoxide detectors: addressed annually or as needed by licensed electrician.

Maintenance: Addressed as requested and/or as needed promptly. During maintenance service calls, maintenance is instructed to identify any other issues not communicated.

Complete Annual or semi-annual inspections as requested or scheduled and maintain compliance to city and code enforcements.

When our tenant's lease expires, we perform the final walk through. Maintenance addresses any and all issues that were not communicated by the occupants, painters are then brought in to repaint the full interior, then professional cleaners. This preparation for the next group of tenants generally, runs from May 15th till May 30th annually.







**Hampshire**  
FIRE PROTECTION  
1000 W. WENTWORTH AVENUE  
LONDON DERRY, N.H. 03053

### Fire Sprinkler Inspection Report

8 NO. WENTWORTH AVENUE  
LONDON DERRY, N.H. 03053  
TEL (603) 432-8221  
FAX. (603) 434-3194

104 Elna Rd  
Lebanon, NH 03768  
TEL. (603) 448-6461  
FAX. (603) 448-7334

Valve Tags

SHEET 1 OF 3

79495

INSPECTION

CONTRACT

L3283

BILL TO Peggy LOCATION 57 Winchester St. Keene, NH  
STREET 57 Winchester Street INSPECTOR Cullen Downing  
CITY & STATE Keene, NH 03431 DATE 3/25/2024

**1. GENERAL**

- A. Is the building occupied?
- B. Are all systems in service?
- C. Have there been any obvious or visual changes to the fire sprinkler system since the last inspection?
- D. Is building completely sprinkled?
- E. Is all stock or storage property below sprinklers?
- F. Are areas protected by wet system property heated?

YES	NO	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. CONTROL VALVES (See Section 17)**

- A. Are all sprinkler system main control valves open?
- B. Are all other valves in proper position?
- C. Are all control valves in good condition and sealed or supervised?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. WATER SUPPLIES (See Section 18)**

- A. Was a water flow test made and results satisfactory?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

**4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS**

- A. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?
- B. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. WET SYSTEMS (See Section 13)**

- A. Are cold weather valves open or closed as necessary?
- B. Have anti-freeze systems been tested and left in satisfactory condition?
- C. Temperature reading taken at the time of the antifreeze inspection:
- D. Have the Wet Alarm valves had internal valve inspections in the last 5 years?
- E. Are alarm valves, water flow indicators and retards in satisfactory condition?

Temp:

Date:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. DRY SYSTEMS (See Section 14)**

- A. Is dry valve in service and in good condition and protected from freezing?
- B. Is air pressure and priming water level normal?
- C. Does the air compressor appear to be in good condition and return system to pressure in required time?(30m)
- D. Were all known low points drained during inspection and the low point drain form signed?
- E. Are Quick Opening Devices in service and tested as required?
- F. Have the valves had internal valve inspections in the last 5 years?
- G. Have dry valves been fully trip tested in the last three years as required?
- H. Are there any known dry sprinkler heads more than 10 years old?

Date:

Date:

Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**7. SPECIAL SYSTEMS (See Sections 15)**

- A. Were valves tested as required?
- B. Were supervisory features tested and results satisfactory?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**8. ALARMS**

- A. Water motor gong test satisfactory?
- B. Electric alarm test satisfactory?
- C. Supervisory alarm service test satisfactory?  Local Alarm  Private Alarm  City Alarm

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. SPRINKLERS - PIPING**

- A. Do all sprinklers appear to be in good condition, not obstructed, and free of corrosion or loading?
- B. Are there any known Quick Response Fire Sprinkler Heads more than 20 years old? Year of Head:
- C. Are there any known Regular Response Fire Sprinkler Heads more than 50 years old? Year of Head:
- D. Is there a sufficient amount/type of spare fire sprinklers on hand?
- E. Does the condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers appear to be in satisfactory condition? Date of Gauges:
- F. Do all accessible fire sprinkler heads appear to be of proper temperature rating?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Hampshire**  
FIRE PROTECTION  
210 Portsmouth  
London NH 03053  
603-432-8221

**Fire Sprinkler Inspection Report**

8 NO. WENTWORTH AVENUE 104 Elm Rd  
LONDONDERRY, N.H. 03053 Lebanon, NH 03766  
TEL. (603) 432-8221 TEL. (603) 448-5461  
FAX. (603) 434-3194 FAX. (603) 448-7334



American Fire Sprinkler Association



INSPECTION  
CONTRACT  
L3283

- 10. Fire sprinkler system piping checked for obstructions within past five years: Date: 6/30/2021
- 11. Date dry pipe valve last fully trip tested with water flowing to the inspectors test valve: Date:
- 12. No. of Wet systems 1 Make and Model? 2" Shotgun 2007
- 13. No. of Dry systems: \_\_\_\_\_ Make and Model? \_\_\_\_\_
- 14. No. of Special Systems: \_\_\_\_\_ Type \_\_\_\_\_  
Make and Model: \_\_\_\_\_
- 15. No. of Antifreeze Systems: \_\_\_\_\_ Location(s): \_\_\_\_\_  
Temperature(s) taken during testing: \_\_\_\_\_ Degrees \_\_\_\_\_ Solution \_\_\_\_\_ Size \_\_\_\_\_

**16. CONTROL VALVES**

#	Type?	Open		Secured		Closed		Signs		Condition
		Yes	No	Yes	No	Yes	No	Yes	No	
City Connection Control Valves	2 BFV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ok
Tank Control Valves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump Control Valves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sectional Control Valves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
System Control Valves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test Header Control Valves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Were all OS&Y Valves Open & Closed?  YES  NO  N/A
- Were all OS&Y Valves Lubricated?  YES  NO  N/A
- Were all Low Water Switches Tested?  YES  NO  N/A
- Were all Low Air Switches Checked?  YES  NO  N/A

**17. WATER FLOW TEST**

Pressure 90 City Keene Tank \_\_\_\_\_ PSI Fire Pump \_\_\_\_\_ PSI  
Flow Test Yes (If none made. Why?) \_\_\_\_\_

Main Drain Test location	Size of Test Pipe	PSI Static	Flow Test	PSI After	Main Drain Test Location	Size of Test Pipe	PSI Static	Flow Test	PSI After
Wet Riser	1"	90	80	90					

**18. Drain Test Notes**

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**19. Have there been any obvious or visual changes in the building occupancy or fire sprinkler protection?** First inspection

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**20. Adjustments or corrections made.** None

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**21. Critical Deficiencies:** None

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July  
Swanzy

# HAMPSHIRE FIRE PROTECTION CO., LLC

ALL TYPES OF FIRE PROTECTION - WATER - CO<sub>2</sub> - FOAM  
8 No. Wentworth Ave. • Londonderry, NH 03053 • (603) 432-8221 • Fax: (603) 434-3194  
35 Harvey Road • Londonderry, NH 03053 • (603) 432-8221 • Fax: (603) 432-8128  
1 Commercial Drive • West Lebanon, NH 03784 • (603) 448-5461 • Fax: (603) 448-7334  
277 Old Homestead Highway • Swanzy, NH 03446 • (603) 358-6736 • Fax: (603) 358-6832  
41 Spring Hill Road • Saco, ME 04072 • (207) 571-9515

F 086844

www.hampshirefire.com

BILL TO:

57 ~~Wentworth~~ Winchester St  
465 West End Ave  
PH NY NY 10024

DATE:

7-26-24

TECHNICIAN:

Mark

TOTAL # EXT:

7

EXTS. IN SHOP:

=

SPARES:

JOB LOCATION:

Keene Dorms  
57 Winchester St  
Keene NH

CONTACT:

Peggy

TELEPHONE #

802-258-3500

P.O. #:

FAX #:

COMMENTS:

call ahead  
None Due In 2025

QTY	UNITS	TOTAL	DESCRIPTION	QTY	UNITS	TOTAL	DESCRIPTION
7	8	56.	VISUAL INSPECTION				2 1/2# RECHARGE
			CART. EXT. SVC				5# RECHARGE
			EXT SIGN				10# RECHARGE
			P.W. HANGER				20# DC RECHARGE
			5 LB. HANGER				30# DC RECHARGE
			15 LB. HANGER				DRY CHEM HYDRO TEST
			CARTRIDGE ASSEMBLY				DRY CHEM 6 YR. MAINT
			GAUGE				5# CO2 RECHARGE
			LOCKING PIN				10# CO2 RECHARGE
			HOSE				15# CO2 RECHARGE
			HORN				20# CO2 RECHARGE
			BAND				5-20# CO2 HYDRO TEST
			GRIP				P.W. HYDRO TEST
			STEM				P.W. RECHARGE
			VR SEAL	1/4	95	23.75	SITE LABOR HOURS
			HANDLE REPAIR				MILEAGE

QTY	PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

TAX EXEMPT: YES NO #  
Payment terms: Net 14 days Automatic inspection the following year

TAX:  
TOTAL: 79.75

CUSTOMER SIGNATURE

DATE: 7-26-24



# City of Keene

## FIRE DEPARTMENT

### Office of the Fire Marshal

Office: 31 Vernon Street Keene, NH 03431

Telephone: (603) 357-9861 • Fax: 603-283-5668



## EXIT Sign & Emergency Lighting Monthly Test Record

Business Name: Finch Capital LLC

Business Address: 57 Winchester Street, Keene NH 03461

Fire code requires that all emergency lighting be checked **MONTHLY & for a minimum of 30 seconds** to ensure proper operation. This includes EXIT lights & backup emergency lighting. Complete this form monthly after each inspection; a copy will be requested during your next Annual Inspection.

Month	Date	Exit Signs Tested	Emergency Lighting Tested	# Units Passed	# Units Failed	Repairs Scheduled (if applicable)	Signature of Person Inspecting
January <sup>24</sup>	1/20/24	✓	✓				<u>Winchester</u>
February <sup>24</sup>	2/10/24	✓	✓				<u>Winchester</u>
March 2024	3/5/24	✓	✓				<u>Winchester</u>
April 2024	4/10/24	✓	✓				<u>Winchester</u>
May 2024	5/8/24	✓	✓				<u>Winchester</u>
June 2024	6/11/24	✓	✓				<u>Winchester</u>
July 2024	7/15/24	✓	✓				<u>Winchester</u>
August 2024	8/3/24	✓	✓				<u>Winchester</u>
September <sup>2024</sup>	9/11/24	✓	✓				<u>Winchester</u>
October <sup>2024</sup>	10/15/24	✓	✓				<u>Winchester</u>
November <sup>2024</sup>							
December <sup>2024</sup>							

An ANNUAL test will be completed at least 1x/year, for a minimum of 90 Minutes:

Date Annual Test Performed: \_\_\_\_\_

Signature of Person Performing Annual Test: \_\_\_\_\_







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## CLSS STAFF REPORT

### CLSS-2024-19 – Lodging House – 85 Winchester Street LLC, 85 Winchester Street

#### **Request:**

Applicant Trevor Grauer, COO for 85 Winchester Street, LLC requests a license renewal for a Lodging House at the property located at 85 Winchester Street and is in the High-Density zoning district

#### **Background:**

85 Winchester Street, LLC operates this single-family building, renting to a total of 8 occupants. There are no business operations at this facility.

This is the second CLSS renewal sought by 85 Winchester Street, LLC for the 85 Winchester Street property.

#### **Completeness:**

The property at 85 Winchester Street is seeking their second renewal. No changes have been made to their documentation. Staff find their application to be complete.

#### **Inspections:**

Community Development's inspection to be completed on October 22, 2024

#### **Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

#### **Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

#### **Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2024-19 for 85 Winchester Street LLC for a lodging house located at 85 Winchester Street.**



City of Keene, NH

## Congregate Living & Social Services License Application

**For Office Use Only:**

Case No. \_\_\_\_\_  
 Date Filled \_\_\_\_\_  
 Rec'd By \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_  
 Tax Map# \_\_\_\_\_  
 Zoning District: \_\_\_\_\_

*If you have questions on how to complete this form, please call: (603) 352-5440 or email: [communitydevelopment@keeneh.gov](mailto:communitydevelopment@keeneh.gov)*

### SECTION 1: LICENSE TYPE

Drug Treatment Center	Group Home, Small	Homeless Shelter
Fraternity/Sorority	Group Resource Center	Lodging House
Group Home, Large	Residential Drug/Alcohol Treatment Facility	Residential Care Facility

### SECTION 2: PROPERTY LOCATION

**ADDRESS:**

### SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

#### OWNER

#### APPLICANT

**NAME/COMPANY:**

**NAME/COMPANY:**

**MAILING ADDRESS:**

**MAILING ADDRESS:**

**PHONE:**

**PHONE:**

**EMAIL:**

**EMAIL:**

**SIGNATURE:**

**DATE:**

**SIGNATURE:**

**DATE:**

**PRINTED NAME:**

**TITLE:**

**PRINTED NAME:**

**TITLE:**

#### AUTHORIZED AGENT

(if different than Owner/Applicant)

#### OPERATOR / MANAGER

(Point of 24-hour contact, if different than Owner/Applicant)  
**Same as owner**

**NAME/COMPANY:**

**NAME/COMPANY:**

**MAILING ADDRESS:**

**MAILING ADDRESS:**

**PHONE:**

**PHONE:**

**EMAIL:**

**EMAIL:**

**SIGNATURE:**

**DATE:**

**SIGNATURE:**

**DATE:**

**PRINTED NAME:**

**TITLE:**

**PRINTED NAME:**

**TITLE:**



## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**