LAND USE APPLICATION - INSTRUCTIONS & FORM



City of Madison Planning Division Madison Municipal Building, Suite 017 215 Martin Luther King, Jr. Blvd. P.O. Box 2985



| FOR OFFICE USE ONLY: | | |
|--|--|--|
| Paid Receipt # | | |
| Date received | | |
| Received by | | |
| ☐ Original Submittal ☐ Revised Submittal | | |
| Parcel # | | |
| Aldermanic District | | |
| Zoning District | | |
| Special Requirements | | |
| Review required by | | |
| □ UDC □ PC | | |
| ☐ Common Council ☐ Other | | |
| Reviewed By | | |

| Madison, WI 53701-2985 (608) 266-4635 | Received by | |
|---|---|--|
| (608) 266-4633 | ☐ Original Submittal ☐ Revised Submittal | |
| | Parcel # | |
| All Land Use Applications must be filed with the | Aldermanic District | |
| Zoning Office at the above address. | Zoning District | |
| This completed form is required for all applications | Special Requirements | |
| for Plan Commission review except subdivisions or land divisions, which should be filed using the | Review required by | |
| Subdivision Application found on the City's web site. | □ UDC □ PC | |
| (http://www.cityofmadison.com/development-services-center/documents/SubdivisionApplication.pdf) | ☐ Common Council ☐ Other | |
| | Reviewed By | |
| APPLICATION FORM | | |
| 1. Project Information | | |
| Address: | | |
| | | |
| Title: | | |
| 2. This is an application for (check all that apply) | | |
| Zoning Map Amendment (Rezoning) from | to | |
| Major Amendment to an Approved Planned Develo | ppment-General Development Plan (PD-GDP) Zoning | |
| Major Amendment to an Approved Planned Develo | pment-Specific Implementation Plan (PD-SIP) | |
| Review of Alteration to Planned Development (PD) | (by Plan Commission) | |
| Conditional Use or Major Alteration to an Approved | d Conditional Use | |
| Demolition Permit | | |
| Other requests | | |
| 3. Applicant, Agent and Property Owner Information | | |
| Applicant name | Company | |
| Street address | City/State/Zip | |
| Telephone | Email | |
| Project contact person | Company | |
| Street address | City/State/Zip | |
| Telephone | Email | |
| Property owner (if not applicant) | | |
| Street address | City/State/Zip | |
| | Email | |
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LND-A

APPLICATION FORM (CONTINUED)

| 5. Project Description | |
|---|---|
| Provide a brief description of the project and all proposed uses of the site: | |
| Demo of addresses 1109-1123 S Park St to construct a 3 story 44 unit apartmen | nt building with commercial space. |
| | |
| Proposed Dwelling Units by Type (if proposing more than 8 units): Efficiency: 3 1-Bedroom: 27 2-Bedroom: 11 1 Bdrm + 2 Bedroom: 11 | Den 4+ Bedroom: |
| Density (dwelling units per acre): 68 units / acre Lot Size (in square feet | • |
| Proposed On-Site Automobile Parking Stalls by Type (if applicable): | |
| Surface Stalls: 19 Under-Building/Structured: 41 | |
| Proposed On-Site Bicycle Parking Stalls by Type (if applicable): | |
| Indoor: <u>44</u> Outdoor: <u>6</u> | |
| Scheduled Start Date: July 2020 Planned Completion | n-Date: July 2021 |
| 6. Applicant Declarations | |
| ☑ Pre-application meeting with staff. Prior to preparation of this application, the at the proposed development and review process with Zoning and Planning Divis | ••• |
| Planning staff Kevin Firchow | Date 9/27/2019 |
| Zoning staff Jenny Kirchgatter | Date 9/27/2019 |
| Demolition Listserv (https://www.cityofmadison.com/developmentCenter/demoli | tionNotification/notificationForm.cfm). |
| Public subsidy is being requested (indicate in letter of intent) | |
| Pre-application notification: The zoning code requires that the applicant notification associations in writing no later than 30 days of the pre-application notification or any correspondence granting a wan neighborhood association(s), business association(s), AND the dates notice | prior to FILING this request. Evidence aiver is required. List the alderperson, |
| District Alder #13 Tag Evers | Date 1/3/2020 |
| Neighborhood Association(s) Bay Creek Neighborhood Association | Date 1/3/2020 |
| Business Association(s) Metro Business Association | Date 1/3/2020 |
| The applicant attests that this form is accurately completed and all required mat | terials are submitted: |
| Name of applicant <u>David Diamond</u> Relationship t | o property Authorizing Agent |
| Authorizing signature of property owner Authorizing signature of property owner | |