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 Madison, WI 53701-2985



FOR OFFICE USE ONLY:					
Paid Receipt #	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					

(6	(608) 266-4635		☐ Original Submittal ☐ Revised Submittal		
			Parcel #		
All Land Use Applications must be filed with the Zoning Office at the above address.			Aldermanic District		
		e above address.	Zoning DistrictSpecial Requirements		
	This completed form is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the				
0			Review required by		
Subdivision Application found on the (http://www.citvofmadison.com/deve		tion found on the City's web site. <pre>sadison.com/development-services-</pre>	□ UDC □ PC		
		uments/SubdivisionApplication.pdf)	☐ Common Council ☐ Other		
		Reviewed By			
APP	LICATION FORM	1			
1. P	roject Informati	ion			
Α	ddress: 6225 Un	iversity Ave			
т	itle:				
	,	tion for (check all that apply)	TO MA		
V					
	Major Amendment to an Approved Planned Development-General Development Plan (PD-GDP) Zoning				
	 Major Amendment to an Approved Planned Development-Specific Implementation Plan (PD-SIP) Review of Alteration to Planned Development (PD) (by Plan Commission) 				
	 □ Review of Alteration to Planned Development (PD) (by Plan Commission) □ Conditional Use or Major Alteration to an Approved Conditional Use 				
Z	,		ad Conditional OSC		
E		:S			
3. A	pplicant. Agent	and Property Owner Informatio	n		
	pplicant name	Joe Krupp	Company 6225 University Ave LLC Madison		
Si	treet address	2010 University Ave Ste 201	City/State/Zip _Madison, WI 53704		
Te	elephone	608-233-6000	Email joe@primeurbanproperties.com		
Project contact person Kevin Burow		rson Kevin Burow	Company Knothe & Bruce Architects		
St	treet address	7601 University Ave Ste 201	City/State/Zip Middleton, WI 53562		
Te	elephone	608-836-3690 x110	Email kburow@knothebruce.com		
Property owner (if not applicant)					
Sf	treet address		City/State/Zip		
Te	elephone		Email		

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APPLICATION FORM (CONTINUED)

5. Pro	oject Description					
Pro	ovide a brief description of the project and all proposed uses of the	site:				
Re	ezoning of property from NMX to TR-U2 and demolition of a 2 story commercial building to construct a four-story,					
<u>53</u>	53 unit multi-family apartment building.					
Pro	pposed Dwelling Units by Type (if proposing more than 8 units):					
	Efficiency: 11 1-Bedroom: 32 2-Bedroom: 10					
	Density (dwelling units per acre): 53 Lot Size (in sc					
Pro	Proposed On-Site Automobile Parking Stalls by Type (if applicable):					
	Surface Stalls: 13 Under-Building/Structured: 48					
Pro	Proposed On-Site Bicycle Parking Stalls by Type (if applicable):					
	Indoor: 53 Outdoor: 6	_				
Sch	neduled Start Date: April, 2020 Planned Co	ompletion Date: April 2021				
6. Ар	plicant Declarations					
Ø	Pre-application meeting with staff. Prior to preparation of this application, the applicant is strongly encouraged to discuss the proposed development and review process with Zoning and Planning Division staff. Note staff persons and date.					
	Planning staff Kevin Firchow, Colin Punt	Date 9/25/2019				
	Zoning staff _ Jacob Moskowitz					
Ø	Demolition Listserv (https://www.cityofmadison.com/developmentCent	ter/demolitionNotification/notificationForm.cfm).				
	Public subsidy is being requested (indicate in letter of intent)					
Ø	neighborhood and business associations in writing no later than 30 days prior to FILING this request. Evidence of the pre-application notification or any correspondence granting a waiver is required. List the alderperson neighborhood association(s), business association(s), AND the dates notices were sent.					
		Date 10/8/2019				
	Neighborhood Association(s)	Date				
	Business Association(s)	Date				
Name	pplicant attests that this form is accurately completed and all requests of applicant 6225 University Ave LLC Madison Related	tionship to property Owner				
Autho	prizing signature of property owner J. L. D. L. T. D. L. T.	Date 10 (2 9 /19				