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 (608) 266-4635



FOR OFFICE USE ONLY:	
Date Received	Initial Submittal
Paid	Revised Submittal

All Land Use Applications must be filed with the Zoning Office. Please see the revised submittal instructions on Page 1 of this document.

This completed form is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the <u>Subdivision Application</u>. If your project requires both Land Use <u>and</u> Urban Design Commission (UDC) submittals, a completed <u>UDC Application</u> and accompanying submittal materials are also required to be submitted.

If you need an interpreter, translator, materials in alternate formats or other accommodations to access these forms, please call the Planning Division at (608) 266-4635.

Si necesita interprete, traductor, materiales en diferentes formatos, u otro tipo de ayuda para acceder a estos formularios, por favor llame al (608) 266-4635.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawv, los sis xav tau cov ntaub ntawv ua lwm hom ntawv los sis lwm cov kev pab kom paub txog cov lus qhia no, thov hu rau Koog Npaj (Planning Division) (608) 266-4635.

APPLICATION FORM		
1. Project Information		
Address (list all addresses on th	e project site):	
Title:		
2. This is an application for (ch	neck all that apply)	
Zoning Map Amendment	(Rezoning) from to	
	Approved Planned Development - General Development Plan (PD-GDP)	
Major Amendment to an	Approved Planned Development - Specific Implementation Plan (PD-SIP)	
Review of Alteration to Plant	anned Development (PD) (by Plan Commission)	
Conditional Use or Major	Alteration to an Approved Conditional Use	
Demolition Permit	Other requests	
3. Applicant, Agent, and Propo	erty Owner Information	
	Company	
Street address	City/State/Zip	
	Email	
Project contact person	Company	
Street address	City/State/Zip	
Telephone	Email	
Property owner (if not applica	ant)	
	City/State/Zip	
Telephone	Email	

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APPLICATION FORM (CONTINUED)

Name of applicant Meri Tepper

5. Project Description Provide a brief description of the project and all proposed uses of the site: Demolish the existing 1940 single family Cap Cod style house and re-build a new Cape Cod style house. The exiting foundation walls on the north, west, and south will remain, as will the gas, water, and sewer connections. The eastern foundation wall will be removed and reconstructed 18" father to the west to be positioned in compliance with zoning setbacks. **Proposed Square-Footages by Type:** Commercial (net): _____ Office (net): _____ Industrial (net): _____ Institutional (net): _____ **Proposed Dwelling Units by Type** (if proposing more than 8 units): Efficiency: 1-Bedroom: 2-Bedroom: 3-Bedroom: 4 Bedroom: 5-Bedroom: Density (dwelling units per acre): Lot Area (in square feet & acres): _____ Proposed On-Site Automobile Parking Stalls by Type (if applicable): Surface Stalls: _____ Under-Building/Structured: _____ Electric Vehicle-ready¹: ____ Electric Vehicle-installed¹: ¹See Section 28.141(8)(e), MGO for more information Proposed On-Site Bicycle Parking Stalls by Type (if applicable): Indoor (long-term): Outdoor (short-term): _____ Planned Completion Date: December 2023 Scheduled Start Date: April 2023 6. Applicant Declarations 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. _____ Date ______ Planning staff Colin Punt Zoning staff Jacob Moskowitz Date 1.10.23 Posted notice of the proposed demolition on the <u>City's Demolition Listsery</u> (if applicable). Date Posted 1.11.23 Public subsidy is being requested (indicate in letter of intent) Pre-application notification: The zoning code requires that the applicant notify the district alder and all applicable 7 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. District Alder Tishler Neighborhood Association(s) Westmorland Date 1.10.23 Business Association(s) ______ Date ______ The applicant attests that this form is accurately completed and all required materials are submitted:

Date 1-12 - 23 Authorizing signature of property owner ______

_____ Relationship to property Design/Build