## 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



All Land Use Applications must be filed with the Zoning Office at the above address.

This completed form is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the Subdivision Application found on the City's web site.

(http://www.cityofmadison.com/development-servicescenter/documents/SubdivisionApplication.pdf)

Paid	_ Red	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			
No.	emen.		
	8.5		

				neviewed by		
Al	PPLIC	CATION FORM	No. 1774 CONTRACTOR OF THE			
1.	10.4 Hos of	ect Information				
	Title	: Madison Coll	lege - Relocate Truax Child and Famil	y Center		
2.	2. This is an application for (check all that apply)					
	V	Zoning Map An	nendment (Rezoning) from IL	to CI		
	☐ Major Amendment to an Approved Planned Developm ☐ Major Amendment to an Approved Planned Developm					
	Review of Alteration to Planned Development (PD) (by Plan Commission)					
	_	Demolition Permit				
	□ Other requests					
	_	Other requests				
3.	App	licant, Agent a	and Property Owner Information			
	Арр	licant name	Ken Turba	Company Plunkett Raysich Architects, LLP		
	Stre	et address	2310 Crossroads Drive	City/State/Zip Madison / WI / 53718		
	Tele	phone	(608) 327-5502	Email kturba@prarch.com		
	Project contact person Ken Turba		son Ken Turba	Company Plunkett Raysich Architects, LLP		
	Stre	et address	2310 Crossroads Drive	City/State/Zip Madison / WI / 53718		
	Tele	phone	(608) 327-5502	Email kturba@prarch.com		
	Property owner (if not applicant) Fred Brechlin - Madison College					
		et address	1701 Wright Street	City/State/Zip Madison / WI / 53704		
	Tele	phone	(608) 246-6837	Email fbrechlin@madisoncollege.edu		

## **LAND USE APPLICATION - INSTRUCTIONS & FORM**



## APPLICATION FORM (CONTINUED)

5. Pr	oject Description						
Pro	ovide a brief description of the project and all proposed uses of the	e site:					
M	Madison College is rezoning the current lot that they own to Campus Institutional and will be initially relocating their						
C	Child and Family Center from Truax to this location.						
Pro	roposed Dwelling Units by Type (if proposing more than 8 units):						
	Efficiency: 1-Bedroom: 2-Bedroom:	3-Bedroom: 4+ Bedroom:					
	Density (dwelling units per acre): Lot Size (in s	quare feet & acres):					
Pro	oposed On-Site Automobile Parking Stalls by Type (if applicable):						
	Surface Stalls: 220 Under-Building/Structure	ed: <u>0</u>					
Pro	oposed On-Site Bicycle Parking Stalls by Type (if applicable):						
	Indoor: 0 Outdoor: 6	_					
Sch	neduled Start Date: April 2020 Planned C	Completion Date: August 2020					
6. Ap	pplicant Declarations						
Ø	Pre-application meeting with staff. Prior to preparation of this application, the applicant is strongly encouraged to discute the proposed development and review process with Zoning and Planning Division staff. Note staff persons and date.						
	Planning staff _ Chris Wells	Date 9/18/2019					
	Zoning staff Jacob Moskowitz	Date 9/18/2019					
	Demolition Listserv (https://www.cityofmadison.com/developmentCer	nter/demolitionNotification/notificationForm.cfm).					
	Public subsidy is being requested (indicate in letter of intent)						
Ø	Pre-application notification: The zoning code requires that the applicant notify the district alder and all applicable 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 Syed Abass	Date 9/26/2019					
	Neighborhood Association(s) None	Date					
	Business Association(s) <u>Karen Thompson</u>	Date_10/31/2019					
The a							
	pplicant attests that this form is accurately completed and all req	uired materials are submitted:					
Name		uired materials are submitted:					