

LAND USE APPLICATION - INSTRUCTIONS & FORM

PLANNING DIVISION
LAND-A

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:

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 _____

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 [Subdivision Application](#).

5/19/21
10:15 a.m.

RECEIVED

APPLICATION FORM

1. Project Information

Address (list all addresses on the project site): 6717 Odana Road Suite 1 Madison, WI 53719

Title: Salon Service Group

2. This is an application for (check all that apply)

- Zoning Map Amendment (Rezoning) from _____ to _____
- Major Amendment to an Approved Planned Development - General Development Plan (PD-GDP)
- Major Amendment to an Approved Planned Development - Specific Implementation Plan (PD-SIP)
- Review of Alteration to Planned Development (PD) (by Plan Commission)
- Conditional Use or Major Alteration to an Approved Conditional Use
- Demolition Permit Other requests _____

3. Applicant, Agent, and Property Owner Information

Applicant name Heather Woody Company Salon Service Group

Street address 1520 E Evergreen City/State/Zip Springfield, MO 65803

Telephone 417-889-5533 Email hwoody@salonservicegroup.com

Project contact person Krysti Webb Company Salon Service Group

Street address 1520 E Evergreen City/State/Zip Springfield, Mo 65803

Telephone 417-761-7302 Email kwebb@salonservicegroup.com

Property owner (if not applicant) Duane H, Hendrickson Survivors Revocable Living Trust

Street address 520 University Avenue City/State/Zip Madison, WI 53703

Telephone 608 709 5555 Email duane@duanehendrickson.com

APPLICATION FORM (CONTINUED)

5. Project Description

Provide a brief description of the project and all proposed uses of the site:

Paint existing interior walls. No other alterations / changes to be made. Space to be used as a beauty supply store for licensed cosmetologist to purchase hair care products to use.

Proposed Square-Footages by Type:

Overall (gross): 2,179 Commercial (net): Office (net): 500 Industrial (net): Institutional (net):

Proposed 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 square feet & acres):

Proposed On-Site Automobile Parking Stalls by Type (if applicable):

Surface Stalls: Under-Building/Structured:

Proposed On-Site Bicycle Parking Stalls by Type (if applicable):

Indoor: Outdoor:

Scheduled Start Date: Planned Completion Date:

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.

Planning staff Jenny Kirchgatter Date 4/14/2021 Zoning staff Colon Punt Date 4/14/2014

Posted notice of the proposed demolition on the City's Demolition Listserv (if applicable).

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 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 Keith Furman 19th District, Madison WI Date 4/15/2021 Neighborhood Association(s) Date Business Association(s) Date

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of applicant Heather Woody Relationship to property Controller Authorizing signature of property owner Date 4/16/21