

LAND USE APPLICATION -INSTRUCTIONS & FORM**LND-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:**Date Received 9-3-25 2:22 p.m.☐ 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 [Subdivision Application](#). If your project requires both Land Use and Urban Design Commission (UDC) submittals, a completed [UDC Application](#) 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 the project site):

2017 S Stoughton Road, Madison, WI

Title: _____

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 Michael Spangler **Company** Ultimate Arts, LLC D/B/A Ultimate Arts Tatto

Street address 3236 Commercial Ave, **City/State/Zip** Madison, WI 53714

Telephone 608-220-8784 **Email** [REDACTED]

Project contact person Michael Spangler **Company** Ultimate Arts, LLC D/B/A/ Ultimate Arts Tattoo

Street address 3236 Commercial Ave **City/State/Zip** Madison< WI 53714

Telephone 608-220-8784 **Email** [REDACTED]

Property owner (if not applicant) Oakleaf Properties I LLC, John Blaska

Street address 4740 Pierceville Road **City/State/Zip** Cottage Grove, WI 53527

Telephone 608-358-2674 **Email** [REDACTED]

LAND USE APPLICATION -INSTRUCTIONS & FORM**LND-A****APPLICATION FORM (CONTINUED)****5. Project Description**

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

Ultimate Arts is seeking a conditional use permit of a Service Business, a tattoo studio, to operate within the LI - Limited Industrial District where the building, 2017 S Stoughton Rd, Madison, WI is located.

Proposed Square-Footages by Type:

Overall (gross): _____ Commercial (net): 2500 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-ready: _____ Electric Vehicle-installed: _____

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

¹ See [Section 28.141\(8\)\(e\), MGO](#) for more information

Indoor (long-term): _____ Outdoor short-term): _____

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 Chris Wells Date 8/27/2025

Zoning staff Jenny Kirchgatter Date 8/27/2025

- ☐ **Posted notice of the proposed demolition on the [City's Demolition Listserv](#)** (if applicable). Date Posted _____

- ☐ **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 Alder Sean O'Brien - a waiver of the 30-day notice was granted 8/25/25 Date 8/22/25

Neighborhood Association(s) Monona East Side Business Alliance Date 8/22/25

Business Association(s) N/A Date _____

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

Name of applicant Michael Spangler Relationship to property Future Tenant

Authorizing signature of property owner Johnny Blaska Date 9/2/2025

By: Oakleaf Properties I LLC

1083369428C3439...