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	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 <u>Subdivision Application</u>. If your project requires both Land Use <u>and Urban Design Commission (UDC)</u> 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.

ΔΡΡΙ	ICATION FORM	APPLICATION FORM						
1. Project Information								
Ad	Address (list all addresses on the project site): 2017 S Stoughton Road, Madison, WI							
Tit	le:							
2. This is an application for (check all that apply)								
	 □ 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 							
3. Applicant, Agent, and Property Owner Information								
Ap Str	plicant, Agent, plicant name eet address ephone	Michael Spangler	Company Ultimate Arts, LLC D/B/A Ultimate Arts Tatto City/State/Zip Madison, WI 53714					
Str	oject contact per eet address ephone		Company Ultimate Arts, LLC D/B/A/ Ultimate Arts Tattoo City/State/Zip Madison< WI 53714 Email					
Str	operty owner (if eet address ephone	not applicant) Oakleaf Properties LLC 4740 Pierceville Road 608-358-2674	C, John Blaska City/State/Zip Cottage Grove, WI 53527 Email					

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APPLICATION FORM (CONTINUED)

5. Pro	oject Description					
Ulti	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.					
Pro	posed Square-Footages by Type:					
	Overall (gross):	Commercial (net): 2500 Industrial (net):				
Pro	posed 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 fe	eet & acres):			
Pro	posed On-Site Automobile Parkir	ng Stalls by Type (if applicable):				
Surface Stalls: Under-Building/Structured: Electric Vehicle-ready: Electric Vehicle-installed:						
Pro	posed On-Site Bicycle Parking Sta	alls by Type (if applicable): 1 See Section	on 28.141(8)(e), MGO for more information			
	Indoor (long-term): Outd	loor short-term):				
Sch	eduled Start Date:	Planned Complet	ion Date:			
6. Ap	plicant Declarations					
			he applicant is strongly encouraged to discuss			
	• •	eview process with Zoning and Planning Div	·			
	Zoning staff Jenny Kirchgatter		Date			
	Posted notice of the proposed demo	lition on the <u>City's Demolition Listserv</u> (if applica	able). Date Posted			
	Public subsidy is being requeste	d (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 Alder Sean O'Brien -	a waiver of the 30-day notice was granted 8	<u>/25/25</u> Date			
	Neighborhood Association(s) Mo	onona East Side Business Alliance	Date			
	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						
	rizing signature of property owne	By: Carriea Pirroperties LLC	Date9/2/2025			