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 Received8/26/24 9:00 a.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</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 ntawy, 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 pro	oject site):			
Title:				
2. This is an application for (check	c all that apply)			
Zoning Map Amendment (Rezoning) from to to				
	roved Planned Development - General Development Plan (PD-GDP)			
Major Amendment to an App	roved Planned Development - Specific Implementation Plan (PD-SIP)			
Review of Alteration to Planne	ed Development (PD) (by Plan Commission)			
Conditional Use or Major Alte	ration to an Approved Conditional Use			
Demolition Permit Other requests				
3. Applicant, Agent, and Property	Owner Information			
	Company			
Street address	Street address City/State/Zip			
	Email			
Project contact person Company				
Street address	City/State/Zip			
Telephone	Email			
Property owner (if not applicant)				
	City/State/Zip			
Telephone	Email			

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APPLICATION FORM (CONTINUED)			
5. Project Description			
Provide a brief description of the p	project and all proposed uses o	of the site:	
Proposed Square-Footages by Typ			
Overall (gross):		Office (net):	
	maustriai (net):	Institutional (net)	:
Proposed Dwelling Units by Type			
		droom: 4 Bedroom:	
Density (dwelling units per acre	e): Lot Area	a (in square feet & acres):	
Proposed On-Site Automobile Par	king Stalls by Type (if applicab	ole):	
Surface Stalls: Under-Bui	lding/Structured: Electric	Vehicle-ready¹: Electric V	
Proposed On-Site Bicycle Parking	Stalls by Type (if applicable):	¹ See <u>Section 28.141(8)(e), MG</u>	O for more information
Indoor (long-term): Ou	itdoor (short-term):		
Scheduled Start Date:	Plan	ned Completion Date:	
6. Applicant Declarations			
		application, the applicant is strong d Planning Division staff. Note sta	•
Planning staff		Date	
Zoning staff		Date	
		<u>Listserv</u> (if applicable). Date Posted	
Public subsidy is being reque	sted (indicate in letter of inten	t)	
neighborhood and business a of the pre-application notific	associations in writing no late	the applicant notify the district are than 30 days prior to FILING granting a waiver is required. he dates notices were sent.	this request. Evidence
District Alder		Date	
Neighborhood Association(s)		Date	
Business Association(s)		Date	
The applicant attests that this form	is accurately completed and a	Il required materials are subm	itted:
Name of applicant		Relationship to property	
Authorizing signature of property owr	ner	Date	