



Department of Planning & Development  
**Planning Unit**

Website: [www.cityofmadison.com](http://www.cityofmadison.com)

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October 18, 2006

Ron Trachtenberg  
Murphy Desmond S.C.  
P.O. Box 3028  
Madison, WI 53705

Susan Padberg  
Medical Acupuncture, LLC  
3801 Regent Street 1B  
Madison, WI 53705

SUBJECT: 1729 Heim Avenue

Dear Ms. Padberg and Mr. Trachtenberg:

The Plan Commission, at its October 16, 2006 meeting, determined that the ordinance standards could be met subject to the conditions below for a conditional use that allows not more than one outside non-family employee at one time for the proposed home office located at 1729 Heim Avenue.

The Plan Commission added a specific condition of approval that “not more than one outside non-family employee at one time” is permitted.

In order to receive final approval of your proposal, the following conditions must be met:

**Please contact Janet Dailey, City Engineering, at 261-9688 if you have questions regarding the following five items:**

1. Revise site plan to show drainage conveyance to University Avenue.
2. Revise site plan to include minimum requirements specifically in reference to lot dimensioning and size to ensure site plan as drawn corresponds with actual ownership (Lot 2, CSM 11766).
3. The plan set shall be revised to show more information on proposed drainage for the site. This shall be accomplished by using spot elevations and drainage arrows or through the use of proposed contours. It is necessary to show the location of drainage leaving the site to the public right-of-way. It may be necessary to provide information off the site to fully meet this requirement.
4. All outstanding Madison Metropolitan Sewerage District (MMSD) and City of Madison sanitary sewer connection charges are due and payable prior to connection to the public sewerage system.
5. The site plan shall be revised to show all existing public sanitary sewer facilities in the project area as well as the size and alignment of the proposed service.

**Please contact Kathy Voeck, the Assistant Zoning Administrator, at 266-4551 if you have questions regarding the following item:**

6. Provide 30' of rear yard from the rear wall to the property line. Note: A roof overhang can project 3' into the required rear yard.

**Please contact John Lippitt, Madison Fire Department, at 266-4484 if you have questions regarding the following item:**

7. According to the Letter of Intent submitted with the conditional use request, the applicant will now have an employee and clients (public) coming into the professional offices part of the home. This will make the offices area of the home an annually required inspection per the State of Wisconsin Fire Code, Comm. 14. Please contact the Fire Prevention Division for more information.

Please follow the procedures listed below to receive your conditional use approval.

1. Please revise plans per the above conditions and submit seven (7) sets of the final site plans to the Zoning Administrator. The final plans are reviewed and approved by Traffic Engineering, Fire Department, City Engineering, and Zoning. Any of these agencies may call you to request additional information or to resolve problems.
2. This letter shall be signed by the applicant to acknowledge the conditions of approval and returned to the Zoning Administrator when requesting cover sheet approval.
3. No alteration of this proposal shall be permitted unless approved by the City Plan Commission provided, however, the Zoning Administrator may issue permits for minor alterations. This approval shall become null and void one year after the date of Plan Commission approval unless the use is commenced, construction is under way, or a valid building permit is issued and construction commenced within six months of the date of issuance of the building permit. See Section 28.12(11)(h)(3), Madison General Ordinances. The Plan Commission shall retain jurisdiction over this matter for the purpose of resolving complaints against this approved conditional use.

**IF YOU HAVE ANY QUESTIONS REGARDING OBTAINING YOUR BUILDING PERMIT OR OCCUPANCY PERMIT, PLEASE CALL KATHY VOECK OF THE CITY ZONING STAFF AT 266-4551.**

Sincerely,

I hereby acknowledge that I understand and will comply with the above conditions of approval for this conditional use.

**Bill Roberts**  
Planning & Development

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Applicant

cc: Zoning Administrator  
City Engineering  
Traffic Engineering

Zoning City Engineering Traffic Engineering UDC (A1) Planning Parks CED Metro Transit
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