## 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 \_\_\_\_\_ 11/4/24 10:35 a.m.

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Initial Submittal

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 llarne 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): 709 Northport Drive

Title:

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

- to TR-U1 Zoning Map Amendment (Rezoning) from SR-C1  $\mathbf{\nabla}$
- 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	Tyler Krupp	Company Threshold Development
Street address	1954 Atwood Av.	City/State/Zip Madison, WI 53704
Telephone	(415) 260-0113	Email tyler@thresholddevelopmentgroup.com
Project contact per	son Kevin Burow	Company Knothe & Bruce Architects
Street address	8401 Greenway Blvd, Ste 900	City/State/Zip Middleton, WI 53562
Telephone	608-836-3690	Email <u>kburow@knothebruce.com</u>
Property owner (if	not applicant)	side Christian Assembly
Street address	Madison	City/State/Zip Wisconsin
Telephone	(608) 215-9099	pastork@ncamadison.com Email

# LAND USE APPLICATION - INSTRUCTIONS & FORM

## **APPLICATION FORM** (CONTINUED)

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	vide a brief description of the pro	ject and all proposed	d uses of the site:	
Pro	posed Square-Footages by Type:			
	Overall (gross):			Office (net):
		Industrial (net):	I	nstitutional (net):
Pro	posed Dwelling Units by Type (if	proposing more thar	a 8 units):	
	Efficiency: 1-Bedroom:	2-Bedroom:	_ 3-Bedroom:	4 Bedroom: 5-Bedroom:
	Density (dwelling units per acre): _	l	Lot Area (in square feet	& acres): 156,439 S.F. / 3.59 acres
Pro	posed On-Site Automobile Parkir	ng Stalls by Type (if a	pplicable):	
	Surface Stalls: Under-Buildin	ng/Structured:	Electric Vehicle-ready <sup>1</sup>	Electric Vehicle-installed <sup>1</sup> :
Pro	posed On-Site Bicycle Parking Sta	Ills by Type (if applic	able): <sup>1</sup> See <u>Section</u>	28.141(8)(e), MGO for more information
	Indoor (long-term): Outde	oor (short-term):		
Sch	eduled Start Date:		_ Planned Completio	n Date:
	plicant Declarations			
Ø	Pre-application meeting with staf			applicant is strongly encouraged to discuss ion staff. Note staff persons and date.
	Planning staff Chris Wells		······································	Date 05/23/2024
				ble). Date Posted
	Public subsidy is being requested	d (indicate in letter o	f intent)	
Ø	neighborhood and business asso	ociations <u>in writing r</u> on or any correspor	no later than 30 days Indence granting a wa	otify the district alder and all applicable prior to FILING this request. Evidence iver is required. List the alderperson, as were sent.
	District Alder Charles Myadze			Date _11/4/24
	Neighborhood Association(s)			Date
	Business Association(s)			Date
he al	oplicant attests that this form is a	accurately completed	d and all required mat	terials are submitted:
ame	of applicant Tyler Krupp	0. mod have	Relationship to	owners representative

Authorizing signature of property owner

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Date \_\_\_\_\_\_11/4/2024

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