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	24 4:51 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</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 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	Λ	
1. Project Informati	on	
	resses on the project site):	
MADISON,	WI 53713	a sample of the term
Title:		
2. This is an applica	tion for (check all that apply)	
■ Zoning Map A	mendment (Rezoning) from	to
■ Major Amendment to an Approved Planned Development - General Development Plan (PD-GDP)		
■ Major Amenda	ment to an Approved Planned Develop	pment - Specific Implementation Plan (PD-SIP)
Review of Alte	ration to Planned Development (PD) (by Plan Commission)
Conditional Us	se or Major Alteration to an Approved	Conditional Use
■ Demolition Pe	rmit	
3. Applicant, Agent,	, and Property Owner Information	
Applicant name	JERRY WALLS	Company PROPERTY REVIVAL
Street address	4211 W. BELTLINE HWY	_ City/State/Zip MADISON, WI 53711
Telephone	608-838-4457	_Email info@propertyrevival.com
Project contact person JEPPY WALLS Company PROPERTY REVIVAL		
Street address	4211 W. BELTUNE HWY	City/State/Zip MADISDN, WF 5371
Telephone	608-436-4696	_Email jerry@propertyrevival.com
Property owner (if	not applicant) <u>COPEY OLSO</u>	N
Street address	2008 WAUNDNÁ WAY	_City/State/Zip _MADISDN, WI 53713
Telephone	507-254-4287	_Email _coreybolson@gmail.com

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APPLICATION FORM (CONTINUED)

5. Project Description	
Provide a brief description of the project and all proposed uses of the sit	re:
Add a new approxima addition to the ex	cisting home, the additi
will be 2 stories and 1050 SF.	
Proposed Square-Footages by Type:	
Commercial (net):	Office (net):
Overall (gross): <u>450</u> 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 squa	are feet & acres):
Proposed On-Site Automobile Parking Stalls by Type (if applicable):	
Surface Stalls: Under-Building/Structured: Electric Vehicle	e-ready¹: Electric Vehicle-installed¹:
Proposed On-Site Bicycle Parking Stalls by Type (if applicable):	Section 28.141(8)(e), MGO for more information
Indoor (long-term): Outdoor (short-term):	
Scheduled Start Date: Planned Cor	npletion Date:
5. Applicant Declarations	
■ Pre-application meeting with staff. Prior to preparation of this application the proposed development and review process with Zoning and Planning	
Planning staff	Date
Zoning staff	Date
Posted natice of the proposed demolition on the City's Demolition Listsery (i	
■ Public subsidy is being requested (indicate in letter of intent)	
Pre-application notification: The zoning code requires that the application neighborhood and business associations in writing no later than 3 of the pre-application notification or any correspondence grantin neighborhood association(s), business association(s), AND the dates	of days prior to FILING this request. Evidence ag a waiver is required. List the alderperson, s notices were sent.
District Alder Sadore Knox Jr	Date5/20/24
Neighborhood Association(s)	
Business Association(s)	Date
he applicant attests that this form is accurately completed and all requir	
ame of applicant Covey Oson Relatio	nship to property Owner
uthorizing signature of property owner	1 _ Date 5-10-24