

# 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:**

Paid 4600 Receipt # 096992-007  
 Date received 10/17/19  
 Received by JEM  
 Original Submittal  Revised Submittal  
 Parcel # 0709-173-0108-1  
 Aldermanic District 19 - FURNAN  
 Zoning District TR-C1  
 Special Requirements Flood  
 Review required by \_\_\_\_\_  
 UDC  PC  
 Common Council  Other \_\_\_\_\_  
 Reviewed By \_\_\_\_\_

**All Land Use Applications must be filed with the Zoning Office at the above address.**

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 found on the City's web site. (<http://www.cityofmadison.com/development-services-center/documents/SubdivisionApplication.pdf>)

## APPLICATION FORM

### 1. Project Information

Address: 4918 LAKE MENDOTA DRIVE • MADISON, WI, 53705  
 Title: BASKAYA-CENGIZ RESIDENCE

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

- Zoning Map Amendment (Rezoning) from \_\_\_\_\_ to \_\_\_\_\_
- Major Amendment to an Approved Planned Development-General Development Plan (PD-GDP) Zoning
- 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 MARK M. WOHLFERD Company DESIGN SHELTERS, LLC.  
 Street address 3207 GLACIER RIDGE RD. City/State/Zip MIDDLETON, WI, 53562  
 Telephone (608) 516-0223 Email kurt@designshelters.com  
 Project contact person SAME AS ABOVE, Company \_\_\_\_\_  
 Street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email mwolf42@tds.net  
 Property owner (if not applicant) MUSTAFA BASKAYA  
 Street address 3322 BLACKHANK DR. City/State/Zip MADISON, WI, 53705  
 Telephone (608) 444-2618 Email \_\_\_\_\_

APPLICATION FORM (CONTINUED)

5. Project Description

Provide a brief description of the project and all proposed uses of the site:

DEMO AN EXISTING COTTAGE AND BUILDING A TWO STORY SINGLE FAMILY HOME.

Proposed Dwelling Units by Type (if proposing more than 8 units):

Efficiency: \_\_\_\_\_ 1-Bedroom: \_\_\_\_\_ 2-Bedroom: \_\_\_\_\_ 3-Bedroom: \_\_\_\_\_ 4+ Bedroom: X

Density (dwelling units per acre): \_\_\_\_\_ Lot Size (in square feet & acres): \_\_\_\_\_

Proposed On-Site Automobile Parking Stalls by Type (if applicable):

Surface Stalls: \_\_\_\_\_ Under-Building/Structured: \_\_\_\_\_

Proposed On-Site Bicycle Parking Stalls by Type (if applicable):

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

6. Applicant Declarations

- Pre-application meeting with staff. Prior to preparation of this application, the applicant is strongly encouraged to discuss the proposed development and review process with Zoning and Planning Division staff. Note staff persons and date.

Planning staff Colin Pant Date 9/9/19

Zoning staff Jacob Moskowitz Date 9/9/19

- 9.12.19 Demolition Listserv (https://www.cityofmadison.com/developmentCenter/demolitionNotification/notificationForm.cfm).

- Public subsidy is being requested (indicate in letter of intent)
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 KEITH FURMAN Date 9.4.19

Neighborhood Association(s) SPRING HARBOR NEIGHBORHOOD ASSN. Date 9.9.19

Business Association(s) N.A. Date

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of applicant MARK M. WOHLFERD Relationship to property ARCHITECTURAL DESIGNER

Authorizing signature of property owner [Signature] Date 10.15.19