

# 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



**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>)

## FOR OFFICE USE ONLY:

Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Date received \_\_\_\_\_

Received by \_\_\_\_\_

☐ Original Submittal ☐ Revised Submittal

Parcel # \_\_\_\_\_

Aldermanic District \_\_\_\_\_

Zoning District \_\_\_\_\_

Special Requirements \_\_\_\_\_

Review required by \_\_\_\_\_

☐ UDC ☐ PC

☐ Common Council ☐ Other \_\_\_\_\_

Reviewed By \_\_\_\_\_

## APPLICATION FORM

### 1. Project Information

Address: 5110 High Crossing Blvd

Title: Avid Hotel

### 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** Luke Stauffacher **Company** Cascade Development

**Street address** 5150 High Crossing Blvd **City/State/Zip** Madison, WI 53718

**Telephone** 608-354-8748 **Email** Luke@cascadedevelop.com

**Project contact person** Greg Held **Company** Knothe & Bruce Architects

**Street address** 7601 University Ave. Ste. 201 **City/State/Zip** Middleton

**Telephone** 608-836-3690 **Email** gheld@knothebruce.com

**Property owner (if not applicant)** \_\_\_\_\_

**Street address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

## APPLICATION FORM (CONTINUED)

### 5. Project Description

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

4 story 95 room hotel

**Proposed Dwelling Units by Type** (if proposing more than 8 units): 95 Hotel Rooms

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

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

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

Surface Stalls: 106 (including 5 ADA) Under-Building/Structured: 0

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

Indoor: n/a Outdoor: 10

Scheduled Start Date: Spring 2020 Planned Completion Date: Spring 2021

### 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 Kevin Firchow Date 6/28/2019

Zoning staff Jenny Kirchgatter Date 6/28/2019

- ☐ **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 Samba Baldeh Date 7/1/2019

High Crossing Neighborhood Association -  
Neighborhood Association(s) Michael Locke & Catherine Grothe Date 7/1/2019

Business Association(s) n/a Date \_\_\_\_\_

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

Name of applicant Luke Stauffacher Relationship to property Owner

Authorizing signature of property owner  Date 8/21/19