

# 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 \_\_\_\_\_ 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 \_\_\_\_\_

**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: 4406 REGENT ST / 215 PRICE PL

Title: ASSOCIATED PHYSICIANS - PARKING FACILITY

### 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 ANDREW KESSENICH Company D.V. EVANS

Street address 340 S. WHITNEY WAY City/State/Zip MADISON, WI 53705

Telephone 608-274-4141 Email akesessenich@dlevanscompany.com

Project contact person STEVE HARMS Company TRI-NORTH BUILDERS, INC.

Street address 2625 RESEARCH PARK DR City/State/Zip FITCHBURGH, WI

Telephone 608-271-8717 Email sharms@tri-north.com

Property owner (if not applicant) 440 REGENT PARTNERSHIP, LLP

Street address 4406 REGENT ST. City/State/Zip MADISON, WI 53705

Telephone 608-442-7777 Email terric@apmadison.com



APPLICATION FORM (CONTINUED)

5. Project Description

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

BUILDING IS A PARKING FACILITY @ 215 PRICE PL. A MULTI-STORY PARKING DECK FOR STAFF + PATIENTS

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

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: 4 Under-Building/Structured: 109

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

Indoor: 11 Outdoor: 7

Scheduled Start Date: AUGUST 2020 Planned Completion Date: FEB 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 FIRCHON + COUN PUNT Date NOV 6, 2019

Zoning staff JACOB MOSKOWITZ Date FEB 18, 2020

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 ARVINA MARTIN Date FEB 26, 2020

Neighborhood Association(s) UNIV. HILLFARMS - MIKE LAUTON Date FEB 26, 2020

Business Association(s) \_\_\_\_\_ Date \_\_\_\_\_

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

Name of applicant STEVEN HARMO, AIA Relationship to property AGENT

Authorizing signature of property owner [Signature] Date 4/2020/22 John Ewalt, M.P.