## 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	4 4:51 p.m.
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):					
	WI 53713	A STATE OF THE STA				
Title:	VV					
	tion for /abook all that amply)					
	tion for (check all that apply)					
Zoning Map A	mendment (Rezoning) from	to				
Major Amendi	Major Amendment to an Approved Planned Development - General Development Plan (PD-GDP)					
Major Amendi	■ Major Amendment to an Approved Planned Development - 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 JERRY 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)COREY_OLSON						
Street address	2008 WAUNDNÁ WAY	_City/State/Zip _MADISDN, WI 53713				
Telephone	507-254-4287	_Email _coreybolson@gmail.com				

## LAND USE APPLICATION - INSTRUCTIONS & FORM



## **APPLICATION FORM** (CONTINUED)

5. Pro	pject Description				
Pro	vide a brief description of the pro	ect and all propos	ed uses of the site:		
A	dd a new appointed	addition -	to the exis	sting home	. the additi
W	ill be 2 stories and	65D SF.			
Pro	posed Square-Footages by Type:				
	Overall (gross): $(a5D)$	Commercial (net	):	Office (net):	
		Industrial (net): _	II V	Institutional (net	:):
Pro	posed Dwelling Units by Type (if p	proposing more th	an 8 units):		
	Efficiency: 1-Bedroom:	2-Bedroom:	3-Bedroom:	4 Bedroom:	5-Bedroom:
	Density (dwelling units per acre): _		Lot Area (in square	feet & acres):	
Pro	posed On-Site Automobile Parkin	g Stalls by Type (i)	fapplicable):		
	Surface Stalls: Under-Buildir	g/Structured:			
Pro	posed On-Site Bicycle Parking Sta	lls by Type (if app	licable): 1See Sec	tion 28.141(8)(e), Mo	<u>GO</u> for more information
	Indoor (long-term): Outdo	oor (short-term): _			
Sch	eduled Start Date:		Planned Compl	etion Date:	
5. Ap	plicant Declarations				leverne jagrender til enlere
	Pre-application meeting with staff the proposed development and re	T A:			
	Planning staff			Date	
	Zoning staff				
	Posted notice of the proposed demo				
	Public subsidy is being requested				
	<b>Pre-application notification:</b> The neighborhood and business assorted of the pre-application notification neighborhood association(s), but	e zoning code requ ociations <u>in writing</u> on or any corresp	ires that the applican g no later than 30 do nondence granting a	nt notify the district lays prior to FILING waiver is required	this request. Evidence
	District Alder			Date	×1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Neighborhood Association(s)			Date	
	Business Association(s)				
The a	pplicant attests that this form is a	accurately comple	ted and all required	materials are subn	nitted:
	( 100	01	•	0	2000
lame	of applicant	050	h Relationsh	ip to property(	wer
utho	rizing signature of property owner	1/1	Wh	Date	5-10-24