



LAND USE APPLICATION Madison Plan Commission

215 Martin Luther King Jr. Blvd; Room LL-100
PO Box 2985; Madison, Wisconsin 53701-2985
Phone: 608.266.4635 | Facsimile: 608.267.8739

- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed with the Subdivision Application.
- Before filing your application, please review the information regarding the **LOBBYING ORDINANCE** on the first page.
- Please read all pages of the application completely and fill in all required fields.
- This application form may also be completed online at www.cityofmadison.com/planning/plan.html
- All Land Use Applications should be filed directly with the Zoning Administrator.

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
GQ _____	
Zoning District _____	
For Complete Submittal	
Application _____	Letter of Intent _____
IDUP _____	Legal Descript. _____
Plan Sets _____	Zoning Text _____
Alder Notification _____	Waiver _____
Ngbrhd. Assn Not. _____	Waiver _____
Date Sign Issued _____	

1. Project Address: 1102 S. PARK STREET **Project Area in Acres:** APPROX. 2.7

Project Title (if any): WINGRA FAMILY CLINIC

2. This is an application for:

Zoning Map Amendment (check the appropriate box(es) in only one of the columns below)		
<input type="checkbox"/> Rezoning to a <u>Non-PUD</u> or PCD Zoning Dist.: Existing Zoning: _____ to _____ Proposed Zoning (ex: R1, R2T, C3): _____	Rezoning to or Amendment of a PUD or PCD District: <input type="checkbox"/> Ex. Zoning: _____ to PUD/PCD-GDP <input type="checkbox"/> Ex. Zoning: _____ to PUD/PCD-SIP <input type="checkbox"/> Amended Gen. Dev. <input type="checkbox"/> Amended Spec. Imp. Plan	
<input type="checkbox"/> Conditional Use	<input checked="" type="checkbox"/> Demolition Permit	<input type="checkbox"/> Other Requests (Specify): _____

3. Applicant, Agent & Property Owner Information:

Applicant's Name: CHARLES A. GHIDORZI Company: GHIDORZI COMPANIES
 Street Address: 2100 STEWARD STREET, STE 300 City/State: WAUSAU, WISCONSIN Zip: 54401
 Telephone: (715) 348-1361 Fax: (715) 845-8896 Email: CHUCK@GHIDORZI.COM
 Project Contact Person: SAME AS ABOVE Company: _____
 Street Address: _____ City/State: _____ Zip: _____
 Telephone: () Fax: () Email: _____
 Property Owner (if not applicant): JEROME J & BONNIE THIEL
 Street Address: PO BOX 73 City/State: OREGON, WISCONSIN Zip: 53575

4. Project Information:

Provide a brief description of the project and all proposed uses of the site: _____
910 MIDLAND STREET IS PART OF THE PROPOSED WINGRA FAMILY CLINIC PROJECT.

Development Schedule: Commencement FALL 2011 Completion WINTER 2012



11-14

5. Required Submittals:

- Plans** submitted as follows below and depicts all lot lines; existing, altered, demolished or proposed buildings; parking areas and driveways; sidewalks; location of any new signs; existing and proposed utility locations; building elevations and floor plans; landscaping, and a development schedule describing pertinent project details:
 - **7 copies** of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)
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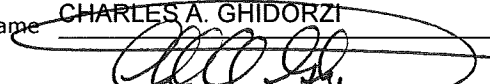
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Planning Staff: _____ Date: _____ Zoning Staff: _____ Date: _____
- Check here if this project will be receiving a public subsidy.** If so, indicate type in your Letter of Intent.

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

Printed Name CHARLES A. GHIDORZI Date JUNE 8, 2011
 Signature  Relation to Property Owner DEVELOPER

Authorizing Signature of Property Owner _____ Date _____



910 Midland Upper Lvl Living.jpg



910 Midland View to Dining.jpg



910 Corner of Wall SampleDSC_4200.jpg



910 Midland Arch from Kitchen.jpg



910 Midland Basement 1.jpg



910 Midland Basement 2.jpg



910 Midland Basement 3.jpg



910 Midland Basement Stair.jpg



910 Midland Deck Landing Upper Level.jpg



910 Midland Interior Door.jpg



910 Midland Lower Bath.jpg



910 Midland Lower Bed 2.jpg



910 Midland Lower Bed 3.jpg



910 Midland Lower Bed Closet.jpg



910 Midland Lower Bedroom.jpg



910 Midland Lower Dining.jpg



910 Midland Lower Kitchen.jpg



910 Midland Rear View.jpg



910 Midland Side 2 View.jpg



910 Midland Side View 1.jpg



910 Midland Side View 2.jpg



910 Midland Stairs.jpg



910 Midland Upper Bath.jpg



910 Midland Upper Hall.jpg



910 Midland Upper Kitchen.jpg



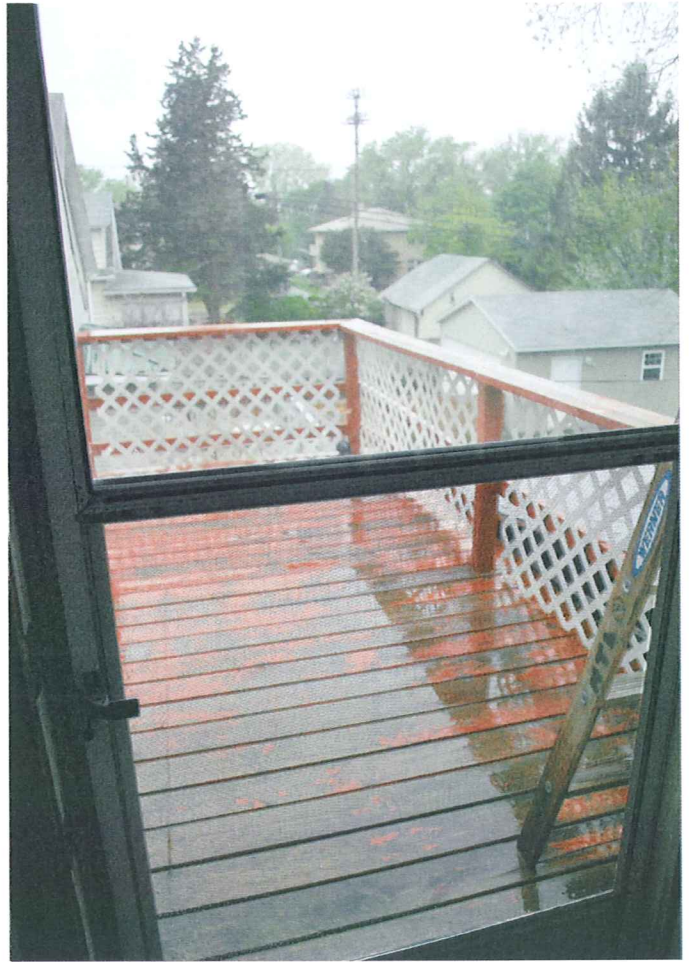
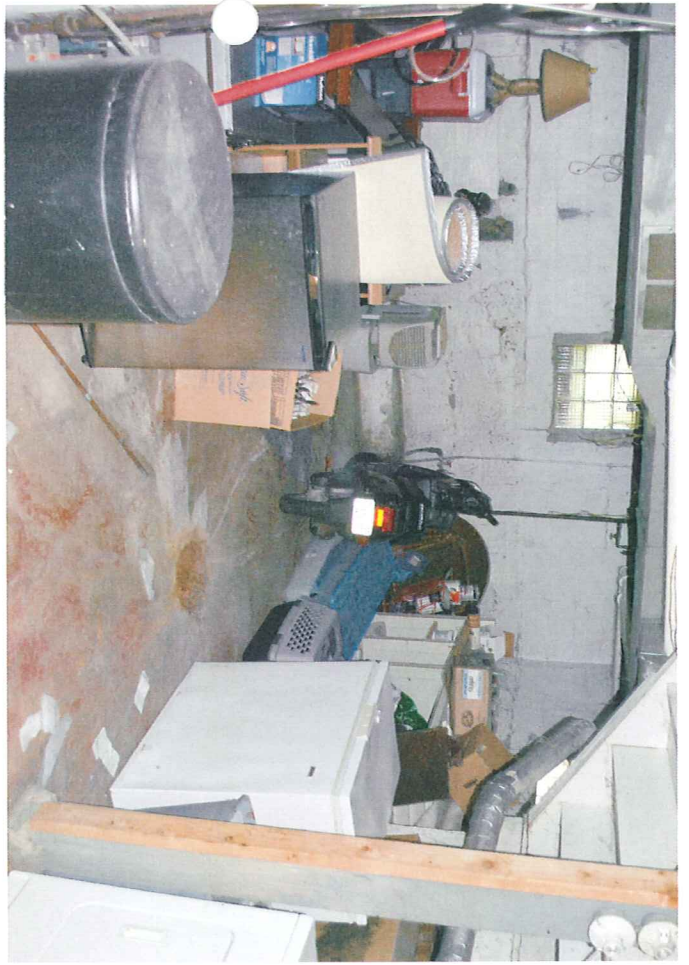
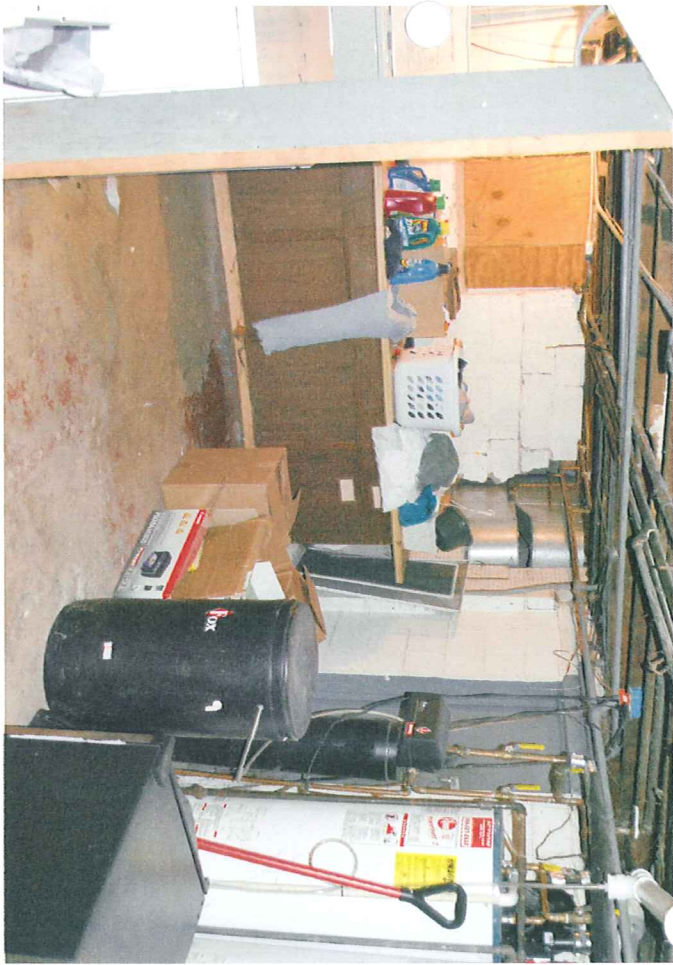
910 Midland Upper Living 2.jpg



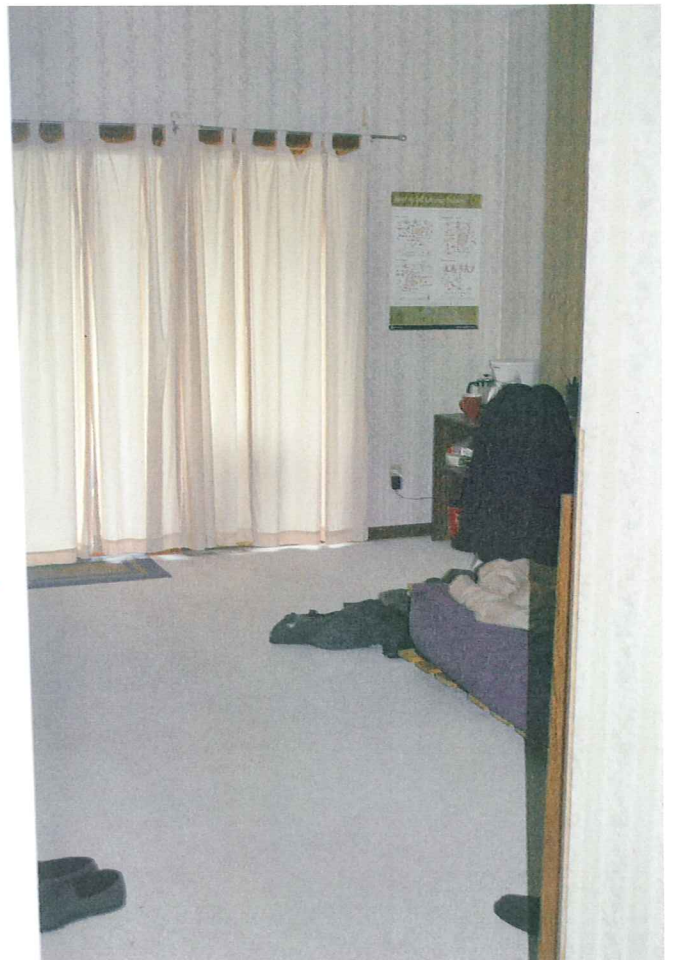
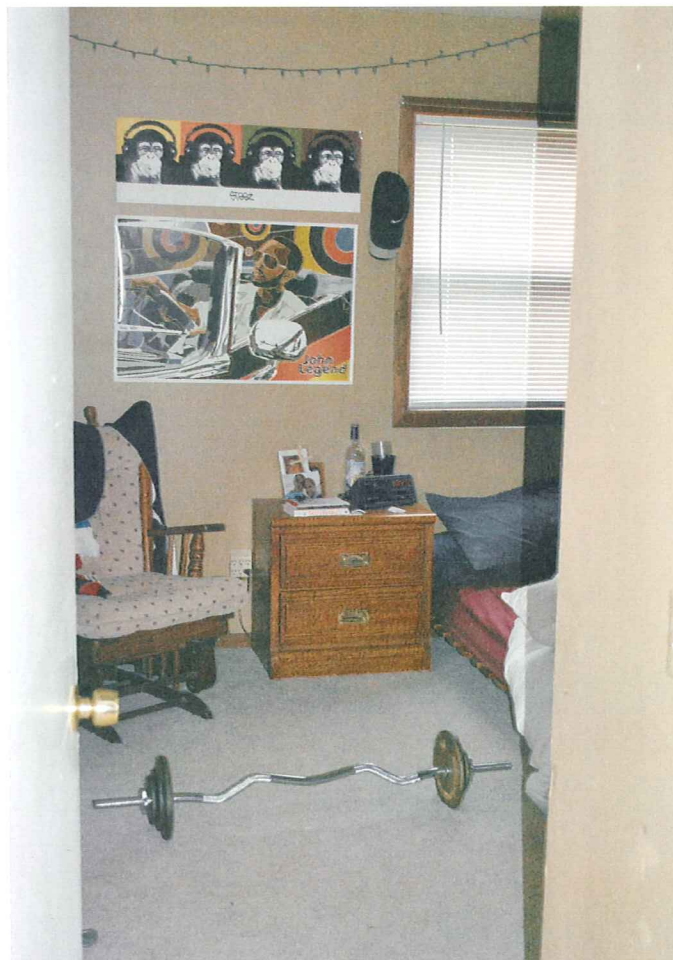
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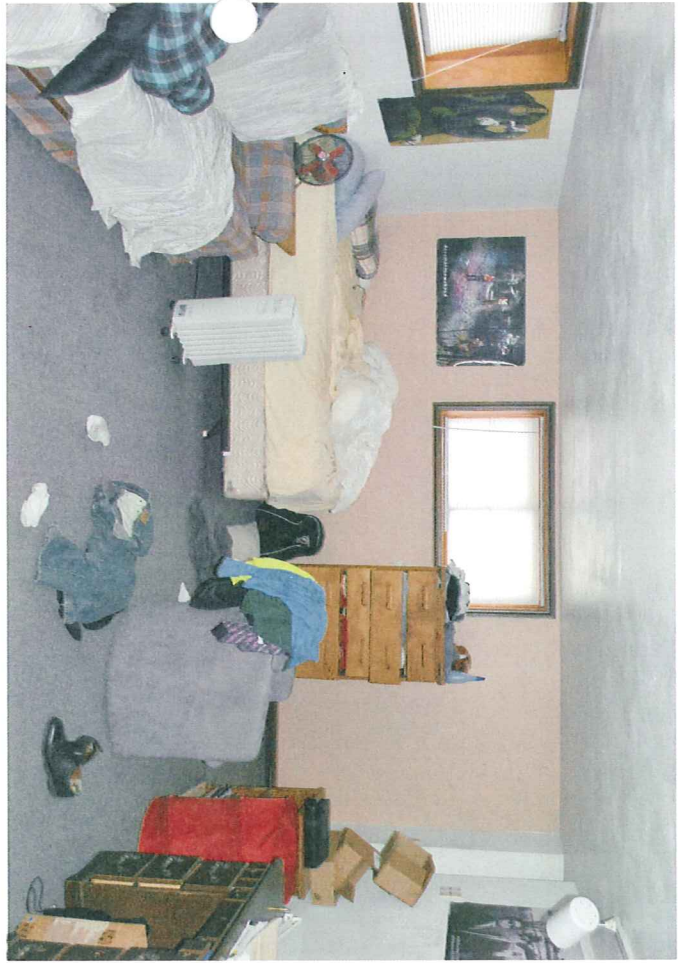
11-14



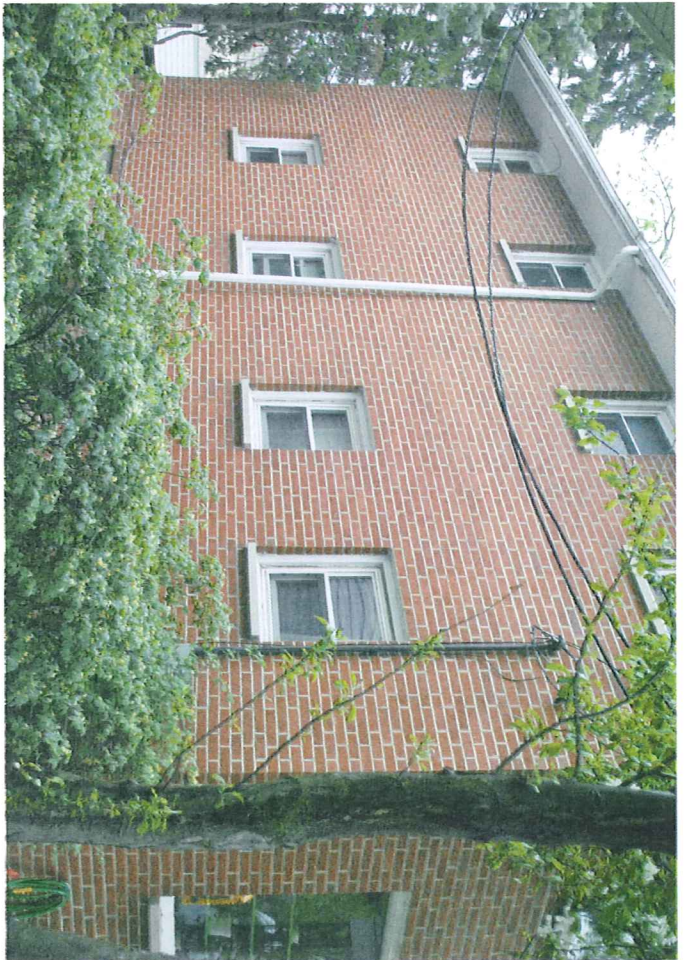
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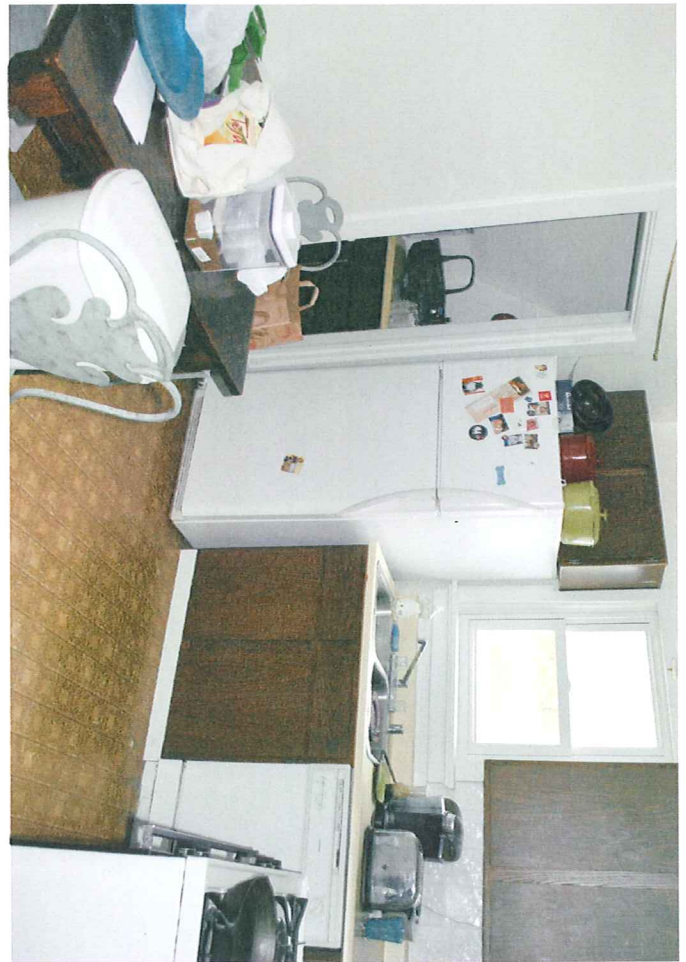
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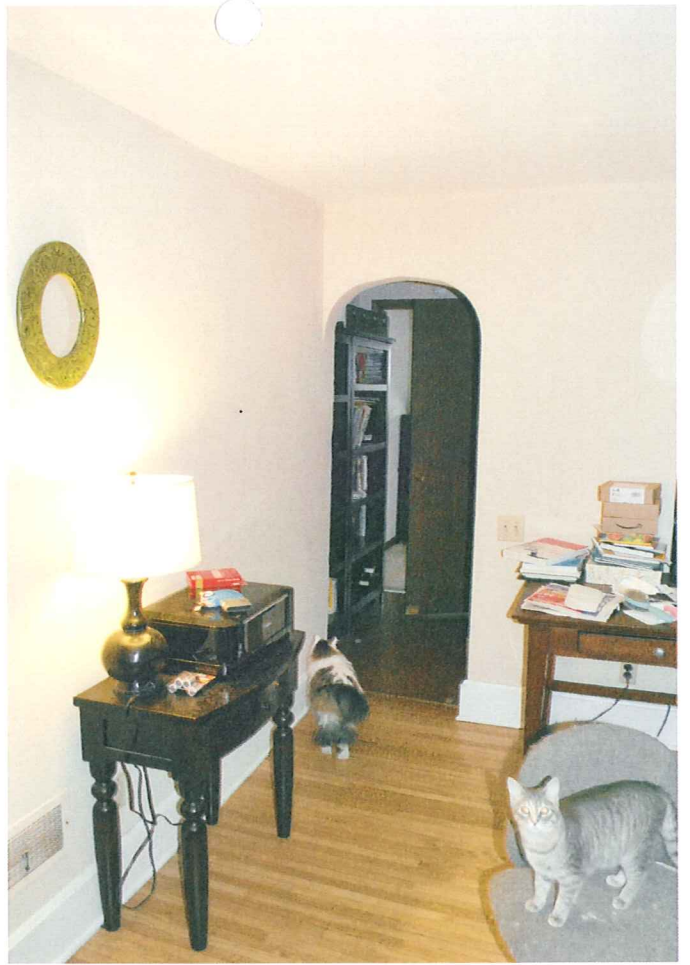
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Project Contact Person: SAME AS ABOVE Company: _____
Street Address: _____ City/State: _____ Zip: _____
Telephone: () Fax: () Email: _____
Property Owner (if not applicant): GABRIEL AND RACHELLE A WESTMONT
Street Address: 914 MIDLAND STREET City/State: MADISON, WISCONSIN Zip: 53715

4. Project Information:

Provide a brief description of the project and all proposed uses of the site: _____
914 MIDLAND STREET IS PART OF THE PROPOSED WINGRA FAMILY CLINIC PROJECT.

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11-14

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Printed Name CHARLES A. GHIDORZI Date JUNE 8, 2011

Signature _____ Relation to Property Owner DEVELOPER

Authorizing Signature of Property Owner *Ch Ghidorzi* Date 6/7/2011

Effective May 1, 2009 *Rachelle Westmont* 6/7/2011

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 Signature  Relation to Property Owner DEVELOPER

Authorizing Signature of Property Owner _____ Date _____



914 Midland Upper Level.JPG



914 Midland Basement 1.jpg



914 Midland Basement 2.jpg



914 Midland Basement 3.jpg



914 Midland Basement Stairs.JPG



914 Midland Bedroom 2.JPG



914 Midland Front View.jpg



914 Midland Interior Bathroom.jpg



914 Midland Kitchen.jpg



914 Midland Main Level Bathroom.JPG



914 Midland Main Level Dining.jpg



914 Midland Main Level Living.jpg



914 Midland Rear View.jpg



914 Midland Side View 1.jpg



914 Midland Side View 2.jpg



914 Midland Stairs To Upper Floor.JPG



914 Midland Typical Bedroom.jpg









11-14



11-14



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 Street Address: _____ City/State: _____ Zip: _____
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 Property Owner (if not applicant): THOMAS RIPPLE
 Street Address: 3801 REGENT STREET City/State: MADISON, WISCONSIN Zip: 53705

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 - **1 copy** of the plan set reduced to fit onto 8 ½ inch by 11 inch paper
- Letter of Intent (12 copies):** describing this application in detail including, but not limited to: existing conditions and uses of the property; development schedule for the project; names of persons involved (contractor, architect, landscaper, business manager, etc.); types of businesses; number of employees; hours of operation; square footage or acreage of the site; number of dwelling units; sale or rental price range for dwelling units; gross square footage of building(s); number of parking stalls, etc.
- Legal Description of Property:** Lot(s) of record or metes and bounds description prepared by a land surveyor. For any application for rezoning, the description must be submitted as an electronic word document via CD or e-mail. For applications proposing rezoning to more than one district, a separate description of each district shall be submitted.
- Filing Fee:** \$_____ See the fee schedule on the application cover page. Make checks payable to: *City Treasurer*.
- Electronic Submittal:** All applicants are required to submit copies of all items submitted in hard copy with their application (including this application form, the letter of intent, complete plan sets and elevations, etc.) as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or in an e-mail sent to pcapplications@cityofmadison.com. The e-mail shall include the name of the project and applicant. Applicants unable to provide the materials electronically should contact the Planning Division at (608) 266-4635 for assistance.

In Addition, The Following Items May Also Be Required With Your Application:

- For any applications proposing demolition or removal of existing buildings, the following items are required:
 - Prior to the filing of an application, the applicant or his/her agent is required to notify a list of interested persons registered with the City **30 or 60 days prior to filing** their application using the online notification tool found at: <https://www.cityofmadison.com/developmentCenter/demolitionNotification/>
 - A photo array (6-12 photos) of the **interior and exterior** of the building(s) to be demolished or removed. A written assessment of the condition of the building(s) to be demolished or removed is highly recommended.
 - Note: A Reuse and Recycling Plan approved by the City's Recycling Coordinator is required prior to issuance of wrecking permits and the start of construction.
- Zoning Text (12 copies):** must accompany Planned Community or Planned Unit Development (PCD/PUD) submittals.

6. Applicant Declarations:

- Conformance with adopted City plans:** Applications shall be in accordance with all adopted City of Madison plans:

→ The site is located within the limits of _____ Plan, which recommends: _____ for this property.
- Pre-application Notification:** Section 28.12 of the Zoning Code requires that the applicant notify the district alder and any nearby neighborhood & business associations in writing no later than **30 days** prior to filing this request:

→ List below the Alderperson, Neighborhood Association(s), Business Association(s) AND dates you sent the notices:

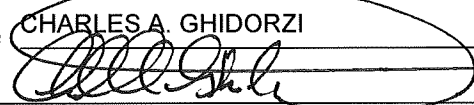
NOTE: If the alder has granted a waiver to this requirement, please attach any such correspondence to this form.

- Pre-application Meeting with staff:** Prior to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning and Planning Division staff; note staff persons and date.

Planning Staff: _____ Date: _____ Zoning Staff: _____ Date: _____

- Check here if this project will be receiving a public subsidy.** If so, indicate type in your Letter of Intent.

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

Printed Name CHARLES A. GHIDORZI Date JUNE 8, 2011
 Signature  Relation to Property Owner DEVELOPER

Authorizing Signature of Property Owner _____ Date _____



918 Midland Upper Lvl Hall.jpg



918 Midland Basement 1.jpg



918 Midland Basement 2.jpg



918 Midland Bedroom 1.jpg



918 Midland Detached Garage.jpg



918 Midland Front Porch Entryh.jpg



918 Midland Kitchen.jpg



918 Midland Living Area 1.jpg



918 Midland Living Area 2.jpg



918 Midland Rear View 1.jpg



918 Midland Rear View 2.jpg



918 Midland Side View 1.jpg



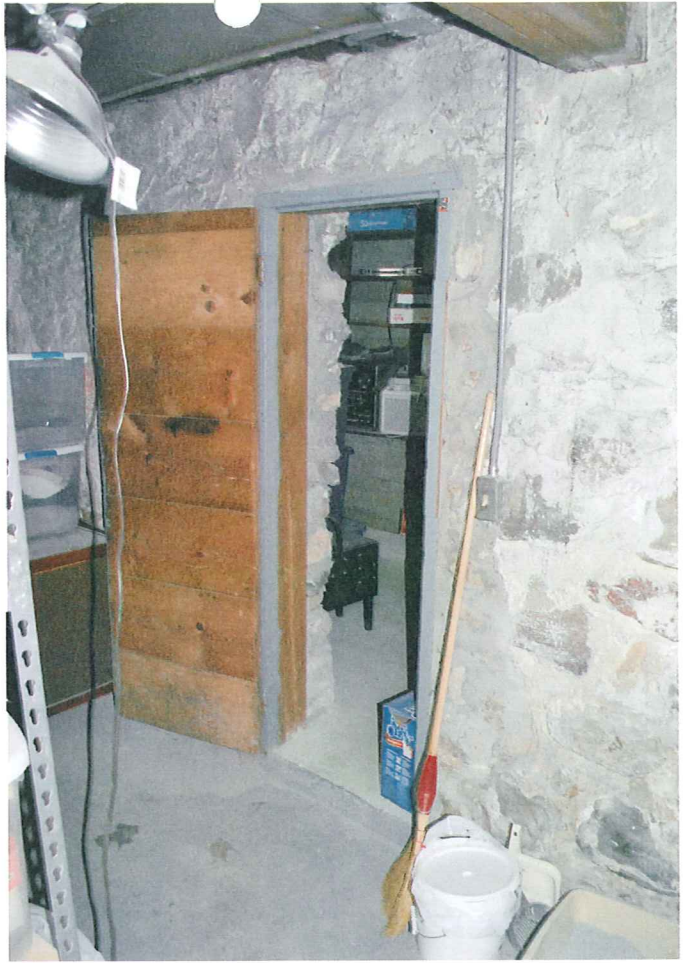
918 Midland Side View 2.jpg



918 Midland Stairs.jpg



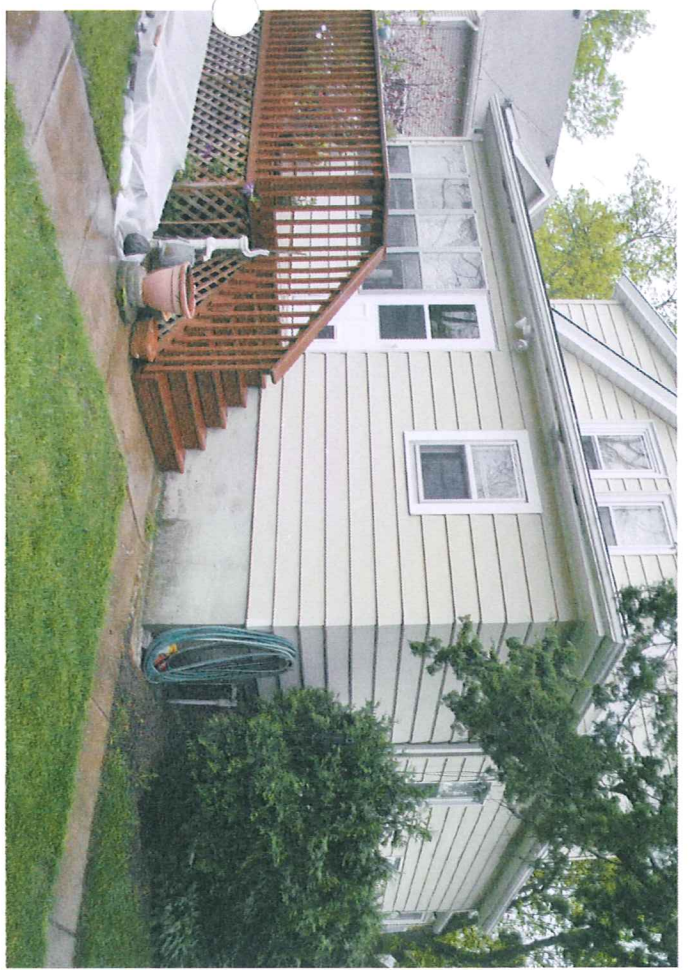
918 Midland Sun Room.jpg



11-14



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