## LAND USE APPLICATION - INSTRUCTIONS & FORM



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 _	8/9/23 3:45 p.m.	Initial Submittal
Paid	and the second second	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 Urban Design Commission (UDC) submittals</u>, 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.

ADDI	ICATION FOR								
	ICATION FOR								
1. Project Information									
Ad	Address (list all addresses on the project site):								
19	1907 South Stoughton Rd Suite 100 Madison, WI 53716								
Title: Young Blood Beer Company									
<b>^</b> TL:									
	- •	ation for (check all that apply	·•						
	Zoning Map Amendment (Rezoning) fromtoto								
	■ Major Amendment to an Approved Planned Development - General Development Plan (PD-GDP)								
	■ Major Amendment to an Approved Planned Development - Specific Implementation Plan (PD-SIP)								
⊠í									
_									
_									
3. Ap	plicant, Agent	, and Property Owner Inform	nation						
Арі	olicant name	Tom Dufek	Company Young Blood Beer Company						
Stre	eet address		City/State/Zip Sun Prairie, WI 53590						
Tele	ephone		Email tom@youngbloodbeerco.com						
Project contact person same as above			Company						
			City/State/Zip						
			Email						
Property owner (if not applicant) CDRE Holding LLC									
Stre	eet address	1915 South Stoughton Rd	City/State/Zip Madison, WI 53716						
Tolo	nhono	6082094434	Fma:I daye@certidry.com						

## LAND USE APPLICATION - INSTRUCTIONS & FORM



## APPLICATION FORM (CONTINUED)

5. Project Description									
Provide a brief description of the project and all proposed uses of the site:									
Ad	ding a limited manufacturing use to allow Young Blood Beer Company to process and package alcohol beverages								
-									
Pro	posed Square-Footages by Type:								
	Overall (gross): 6967	Commercial (net):		Office (net):					
Overall (gross).		Industrial (net): <u>6967</u>		Institutional (net):					
Pro	pposed Dwelling Units by Type (if	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):								
Proposed On-Site Automobile Parking Stalls by Type (if applicable):									
	Surface Stalls: Under-Buildir	ng/Structured:							
Pro	posed On-Site Bicycle Parking Sta	ills by Type (if appl	icable): <sup>1</sup> See <u>See</u>	ction 28.141(8)(e), MG	of for more information				
	Indoor (long-term): Outdo	oor (short-term):							
Sch	eduled Start Date:		Planned Comp	letion Date:					
6. Ar	pplicant Declarations								
Ø	<b>Pre-application meeting with staf</b> the proposed development and re								
	Planning staff Chris Wells								
	Zoning staff Jenny Kirchgatter								
	Posted notice of the proposed demolition on the City's Demolition Listsery (if applicable). Date Posted								
	Public subsidy is being requested (indicate in letter of intent)								
0									
	District Alder Alder Jael Currie			Date 07/26.	/2023				
	Neighborhood Association(s) N/	P		Date					
	Business Association(s) MEBSA			Date	/2023				
The a	pplicant attests that this form is a	accurately complet	ed and all required	materials are subm	itted:				
Name of applicant Tom Dufek Relationship to property Lessee									
Autho	orizing signature of property owner	Dehrs			123				