LAND USE APPLICATION

1. Project Information

Street address Telephone



2. This is an application for (check all that apply)

3. Applicant, Agent and Property Owner Information

City of Madison Planning Division 126 S. Hamilton St. 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.		FOR OFFICE USE ONLY: Paid Receipt # Date received Received by Parcel # Aldermanic district	
			□ PC □ Other
Project Information	1		
Address: 90°	1-939 E. Washington Avenue and 910-92	4 E. Main Street	
Title: Der	nolition of 924 E. Main and Alteration of F	Hotel Indigo Site Plan	
□ Zoning Map Ar □ Major Amendr □ Major Amendr □ Review of Alter □ Conditional Us □ Demolition Per □ Other requests	;	pment-General Develo pment-Specific Implen (by Plan Commission)	opment Plan (PD-GDP) Zoning
	nd Property Owner Information		
Applicant name	Archipelago Village, LLC		ago Village, LLC
Street address	505 N. Carrol St.	City/State/ZipMad	
Telephone	608.575.4845	Email curtbrink@hotmail.com	
Project contact person Doug Hursh		CompanyPotter Lawson	
Street address	749 University Row, Suite 300	City/State/Zip <u>Mad</u>	
Telephone	608.274.2741	Email _dough@potter	·lawson.com
Property owner (if	not applicant)		
Street address		City/State/Zip	

Email

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

Name of applicant Archipelago Village, LLC Relationship to property Owner

Authorizing signature of property owner _

Curt Brink, Authorized Representative