



Department of Planning & Community & Economic Development  
**Planning Division**

Website: [www.cityofmadison.com](http://www.cityofmadison.com)

Madison Municipal Building  
215 Martin Luther King, Jr. Boulevard  
P.O. Box 2985  
Madison, Wisconsin 53701-2985  
TDD 608 266-4747  
FAX 608 266-8739  
PH 608 266-4635

July 22, 2008

Sharon Kilfoy  
1020 Williamson Street  
Madison, WI 53703

RE: Approval of a conditional use for a wall mural at 1202 Williamson Street.

Dear Ms. Kilfoy:

The Plan Commission, meeting in regular session on July 21, 2008, determined that the ordinance standards could be met and **approved** your conditional use request for a wall mural at 1202 Williamson Street.

Please note that a sign permit issued by the Zoning Administrator is required prior to beginning work on the mural. For more information, please contact Patrick Anderson, Assistant Zoning Administrator, at (608) 266-5978.

**Please now follow the procedures listed below for obtaining your conditional use approval:**

1. This letter shall be signed by the applicant to acknowledge the conditions of approval and returned to the Zoning Administrator when requesting a permit.
2. No alteration of this proposal shall be permitted unless approved by the Plan Commission, provided, however, the Zoning Administrator may issue permits for minor alterations. This approval shall become null and void one year after the date of the Plan Commission unless the use is commenced, construction is under way, or a valid building permit is issued and construction commenced within six months of the issuance of said building permit. The Plan Commission shall retain jurisdiction over this matter for the purpose of resolving complaints against the approved conditional use.

If you have any further questions regarding your conditional use, please contact the Zoning Administrator at (608) 266-4551. If I may be of any further assistance, please do not hesitate to contact my office at (608) 267-1150.

Sincerely,

Kevin Firchow, AICP  
Planner

I hereby acknowledge that I understand and will comply with the above conditions of approval for this conditional use.

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*Signature of Applicant*

cc: Patrick Anderson, Ast. Zoning Administrator

For Official Use Only, Re: Final Plan Routing			
<input checked="" type="checkbox"/>	Planning Division (Firchow)	<input type="checkbox"/>	Recycling Coordinator (R & R)
<input checked="" type="checkbox"/>	Zoning Administrator	<input type="checkbox"/>	Fire Department
<input type="checkbox"/>	City Engineering	<input type="checkbox"/>	Urban Design Commission
<input type="checkbox"/>	Traffic Engineering	<input type="checkbox"/>	Other: