

# 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:

Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Date received \_\_\_\_\_

Received by \_\_\_\_\_

Original Submittal       Revised Submittal

Parcel # \_\_\_\_\_

Aldermanic District \_\_\_\_\_

Zoning District \_\_\_\_\_

Special Requirements \_\_\_\_\_

Review required by \_\_\_\_\_

UDC       PC

Common Council       Other \_\_\_\_\_

Reviewed By \_\_\_\_\_

**RECEIVED**  
6/17/2020  
9:34 a.m.

**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. (<http://www.cityofmadison.com/development-services-center/documents/SubdivisionApplication.pdf>)

## APPLICATION FORM

### 1. Project Information

Address: 416 S. Park St.

Title: The Mason Lounge

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

- Zoning Map Amendment (Rezoning) from \_\_\_\_\_ to \_\_\_\_\_  
Major Amendment to an Approved Planned Development-General Development Plan (PD-GDP) Zoning  
Major Amendment to an Approved Planned Development-Specific Implementation Plan (PD-SIP)
- Review of Alteration to Planned Development (PD) (by Plan Commission)  
Conditional Use or Major Alteration to an Approved Conditional Use
- Demolition Permit
- Other requests \_\_\_\_\_

### 3. Applicant, Agent and Property Owner Information

**Applicant name** Matthew Kleiser Company MADJAR LLC

Street address 109 Rosemary Ave. City/State/Zip Madison, WI 53714

Telephone 608-520-1900 Email kleis85@yahoo.com

**Project contact person** Matthew Kleiser Company same as above

Street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Property owner (if not applicant)** Conn Choles

Street address 421 S. Park St. City/State/Zip Madison, WI 53715

Telephone 608-444-4964 Email CONN@CONNCHOLES.COM

## APPLICATION FORM (CONTINUED)

### 5. Project Description

Provide a brief description of the project and all proposed uses of the site:

Conditional use of property as nightclub, obtaining entertainment license

#### Proposed Dwelling Units by Type (if proposing more than 8 units):

Efficiency: \_\_\_\_\_ 1-Bedroom: \_\_\_\_\_ 2-Bedroom: \_\_\_\_\_ 3-Bedroom: \_\_\_\_\_ 4+ Bedroom: \_\_\_\_\_

Density (dwelling units per acre): \_\_\_\_\_ Lot Size (in square feet & acres): \_\_\_\_\_

#### Proposed On-Site Automobile Parking Stalls by Type (if applicable):

Surface Stalls: \_\_\_\_\_ Under-Building/Structured: \_\_\_\_\_

#### Proposed On-Site Bicycle Parking Stalls by Type (if applicable):

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

### 6. Applicant Declarations

- Pre-application meeting with staff.** Prior to preparation of this application, the applicant is strongly encouraged to discuss the proposed development and review process with Zoning and Planning Division staff. Note staff persons and date.

Planning staff Jacob Moskowitz Date 6/3/20

Zoning staff Colin Punt Date 6/3/20

- Demolition Listserv** (<https://www.cityofmadison.com/developmentCenter/demolitionNotification/notificationForm.cfm>).

- Public subsidy is being requested (indicate in letter of intent)

- Pre-application notification:** The zoning code requires that the applicant notify the district alder and all applicable neighborhood and business associations **in writing no later than 30 days prior to FILING this request.** Evidence of the pre-application notification or any correspondence granting a waiver is required. List the alderperson, neighborhood association(s), business association(s), AND the dates notices were sent.

District Alder Tag Evers Date 6/15/20

Neighborhood Association(s) \_\_\_\_\_ Date \_\_\_\_\_

Business Association(s) \_\_\_\_\_ Date \_\_\_\_\_

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

Name of applicant Matthew Kleiser Relationship to property Lessee

Authorizing signature of property owner \_\_\_\_\_ Date \_\_\_\_\_