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 Received10/21/24 10:22 a.m.		Initial Submittal	
	Paid	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</u> Urban Design Commission (UDC) submittals, 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.

APPLICATION FORM				
1. Project Information				
Address (list all addresses o	he project site):			
Title:				
2. This is an application for	check all that apply)			
Zoning Map Amendment (Rezoning) from to to				
	n Approved Planned Development - General Development Plan (PD-GDP)			
Major Amendment to	n Approved Planned Development - Specific Implementation Plan (PD-SIP)			
Review of Alteration to	Planned Development (PD) (by Plan Commission)			
Conditional Use or Ma	r Alteration to an Approved Conditional Use			
Demolition Permit	Other requests			
3. Applicant, Agent, and Pr	perty Owner Information			
Applicant name	Company			
Street address	City/State/Zip			
	Email			
Project contact person	Company			
Street address	City/State/Zip			
Telephone	Email			
Property owner (if not app	cant)			
Street address	City/State/Zip			
Telephone	Email			

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APPLICATION FORM (CONTINUED)					
5. Project Description					
Provide a brief description of the p	roject and all propos	ed uses of the site:			
Proposed Square-Footages by Type	 e:				
O	Commercial (net):	Office (net):		
Overali (gross):	_ Industrial (net): _	Industrial (net):		Institutional (net):	
Proposed Dwelling Units by Type (
Efficiency: 1-Bedroom:_	2-Bedroom:	3-Bedroom:	4 Bedroom:	5-Bedroom:	
Density (dwelling units per acre)	ı:	Lot Area (in square	e feet & acres):		
Proposed On-Site Automobile Parl	cing Stalls by Type (ij	f applicable):			
Surface Stalls: Under-Buil	ding/Structured:	Electric Vehicle-re	eady¹: Electric	Vehicle-installed¹:	
Proposed On-Site Bicycle Parking S	Stalls by Type (if appl	licable): ¹ See <u>Se</u>	ction 28.141(8)(e), M	GO for more information	
Indoor (long-term): Out	:door (short-term): _				
Scheduled Start Date:		Planned Comp	oletion Date:		
6. Applicant Declarations					
Pre-application meeting with st the proposed development and		• • • • • • • • • • • • • • • • • • • •	• • •		
Planning staff			Date		
Zoning staff					
Posted notice of the proposed de					
Public subsidy is being reques			,		
Pre-application notification : I neighborhood and business a of the pre-application notific neighborhood association(s),	The zoning code requisions in writing ation or any corresp	ires that the applica g no later than 30 condence granting	days prior to FILING a waiver is required	this request. Evidence	
District Alder			Date		
Neighborhood Association(s)_			Date		
Business Association(s)			Date		
The applicant attests that this form i	s accurately comple	ted and all required	d materials are subn	nitted:	
Name of applicant		Relations	hip to property		
Authorizing cignature of proporty own	Matthour ()	Vachter.	Data		