

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 5/1/23 11:43 a.m.
Received by _____
 Original Submittal Revised Submittal
Parcel # _____
Aldermanic District _____
Zoning District _____
Special Requirements _____
Review required by _____
 UDC PC
 Common Council Other _____
Reviewed By _____

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 [Subdivision Application](#).

APPLICATION FORM

1. Project Information

Address (list all addresses on the project site): _____

Title: _____

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)
- 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 _____ Company _____
Street address _____ City/State/Zip _____
Telephone _____ Email _____

Project contact person _____ Company _____
Street address _____ City/State/Zip _____
Telephone _____ Email _____

Property owner (if not applicant) _____
Street address _____ City/State/Zip _____
Telephone _____ Email _____

APPLICATION FORM (CONTINUED)

5. Project Description

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

This is a request for the site to be rezoned to SR-V2 to allow a shared home facility and allow to the existing adult family home at 1115 S. High Point (formerly 3440 S. High Point Rd), as well as conditional uses for a multi-family building as well as child and adult day care. The addition would consist of 19 additional dwelling units.

Proposed Square-Footages by Type:

Overall (gross): 48,488 SF Commercial (net): 1,929 SF Office (net): _____
 Industrial (net): _____ Institutional (net): _____

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

Existing adult family home

Efficiency: _____ 1-Bedroom: 7 2-Bedroom: 12 3-Bedroom: _____ 4+ Bedroom: 1

Density (dwelling units per acre): 3.75 Lot Size (in square feet & acres): 232,182 SF / 5.33 acres

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

Surface Stalls: 19 Under-Building/Structured: 26

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

Indoor: 21 Outdoor: 6

Scheduled Start Date: Summer 2024 Planned Completion Date: Summer 2025

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 Tim Parks Date 6/2/2022

Zoning staff Jenny Kirchgatter Date 6/2/2022

- Posted notice of the proposed demolition on the [City's Demolition Listserv](#) (if applicable).**

- 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.

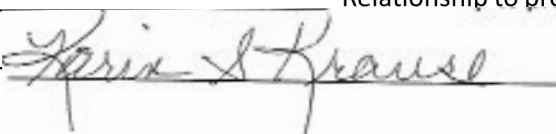
District Alder Barbara Harrington-McKinney Date 4/27/23

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 Karin Krause Relationship to property Owner

Authorizing signature of property owner  Date 4/30/23