



Department of Planning & Community & Economic Development
Planning Division

Website: 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

May 3, 2011

Melyssa Schroedel
4342 Lilac Lane
Madison, WI 53711

RE: Approval of a conditional use for mechanical equipments associated with a home-based salon business in the R1 (Single-Family Residence) District.

Dear Ms. Schroedel:

The Plan Commission, meeting in regular session on May 2, 2011 determined that the conditional use standards could be met and **approved** your request for a conditional use at 2810 Maple View Drive. In order to receive final approval, the following conditions must be met:

Please contact my office at 266-5974 with questions about the following item:

1. Hours of operation for the salon shall be limited to Monday– Friday, 8:00 am to 9:00 pm, and Saturday, 8:00 am to 4:00 pm.

Please contact Pat Anderson, Zoning at 266-5978 with questions about the following item:

2. The home occupation is limited to 25% of the first floor of the home. Meet home occupation standards in MGO Section 28.04(26). The project appears to meet these standards.

Please contact Bill Sullivan, Fire Department at 266-4420 with questions about the following item:

3. The Madison Fire Department does not object to this proposal provided the project complies with all applicable fire codes and ordinances.

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

1. Please submit **four (4) copies** of a complete plan set to the Zoning Administrator for final staff review and comment.
2. This letter shall be signed by the applicant to acknowledge the conditions of approval and returned to the Zoning Administrator when requesting the conditional use permit.
3. 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.

If you have any questions regarding obtaining your conditional use, please contact the Zoning Administrator at 266-4551. If you have any questions or if I may be of any further assistance, please do not hesitate to contact my office at 266-5974.

Sincerely,

Heather Stouder, AICP
Planner

cc: Pat Anderson, Assistant Zoning Administrator
Bill Sullivan, Madison Fire Department

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

Signature of Applicant

Signature of Property Owner (if not applicant)

For Official Use Only, Re: Final Plan Routing			
<input checked="" type="checkbox"/>	Planning Division (H. Stouder)	<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"/>	Metro Transit:
<input type="checkbox"/>	Engineering Mapping	<input type="checkbox"/>	Parks Division: