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 Received _____10/7/24 11:53 a.m.

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Initial Submittal

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 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 UseDemolition PermitOther 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

LAND USE APPLICATION - INSTRUCTIONS & FORM

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APPLICATION FORM (CONTINUED)

5. Project Description

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

Proposed Square-Footages by Ty	pe:			
Querall (grace)	Commercial (net):	Office (net):	
Overall (gross): Industrial (net):			Institutional (net):	
Proposed Dwelling Units by Type	e (if proposing more th	an 8 units):		
Efficiency: 1-Bedroom:	: 2-Bedroom:	3-Bedroom:	4 Bedroom:	5-Bedroom:
Density (dwelling units per acro	e):	_ Lot Area (in square	e feet & acres):	
Proposed On-Site Automobile Pa	rking Stalls by Type (ij	f applicable):		
Surface Stalls: Under-Bu	ilding/Structured:			
Proposed On-Site Bicycle Parking	g Stalls by Type (if appl	licable): ¹ See <u>Se</u>	ction 28.141(8)(e), M	<u>GO</u> for more information
Indoor (long-term): O	utdoor (short-term):			
Scheduled Start Date:		Planned Comp	oletion Date:	
Applicant Declarations				
Pre-application meeting with				• •
the proposed development ar Planning staff				
the proposed development an Planning staff Zoning staff	·		Date	
Planning staff			Date Date	
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