

# 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 7-25-25 12:08 p.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): 5501 Schroeder Rd Madison 53711

Title: Vifense Golfland - conditional use for amplified sound outside with our entertainment license

### 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 Sarah Weitz Company Vifense Golfland

Street address 6414 Landfall Dr City/State/Zip Madison, WI 53705

Telephone 608-335-6992 Email [REDACTED]

Project contact person - same - Company \_\_\_\_\_

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

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

Property owner (if not applicant) Joel Weitz

Street address 6414 Landfall Dr City/State/Zip Madison WI 53705

Telephone 608-692-6992 Email [REDACTED]

## APPLICATION FORM (CONTINUED)

### 5. Project Description

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

*seeking Conditional Use approval for outside amplified music for our entertainment license*

#### Proposed Square-Footages by Type:

Overall (gross): 3000 Commercial (net): 3000 Office (net): \_\_\_\_\_  
Industrial (net): \_\_\_\_\_ Institutional (net): \_\_\_\_\_

#### 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 \_\_\_\_\_ Date \_\_\_\_\_

Zoning staff Jacob Moskowitz Date 7/15/25

- ☐ **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-McKenney Date 7/21/25 (waiver)

Neighborhood Association(s) N/A Date \_\_\_\_\_

Business Association(s) N/A Date \_\_\_\_\_

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

Name of applicant Sarah Weitz Relationship to property Owner

Authorizing signature of property owner [Signature] Date 7/21/25