

# 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 \$1600 Receipt # 095707-0008  
 Date received 9/25/19  
 Received by [Signature]  
 Original Submittal  Revised Submittal  
 Parcel # 0710-164-0086-5  
 Aldermanic District 16-Tierney  
 Zoning District SE  
 Special Requirements —  
 Review required by \_\_\_\_\_  
 UDC  PC  
 Common Council  Other \_\_\_\_\_  
 Reviewed By \_\_\_\_\_

**All Land Use Applications must be filed with the Zoning Office at the above address.**

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 found on the City's web site. (<http://www.cityofmadison.com/development-services-center/documents/SubdivisionApplication.pdf>)

## APPLICATION FORM

### 1. Project Information

Address: 2425 S. STOUGHTON RD.  
 Title: MADISON INDOOR GOLF, LLC

### 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) Zoning
- 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** CASEY & DANA SMITH **Company** AGS INVESTMENTS, LLC  
**Street address** 2425 S. STOUGHTON RD **City/State/Zip** MADISON, WI 53716  
**Telephone** \_\_\_\_\_ **Email** csmith@eliteava.com  
**Project contact person** GREG CASHMAN **Company** CASHMAN ASSOCIATES, INC  
**Street address** 6734 PARKWAY DR. **City/State/Zip** SUN PRAIRIE, WI 53590  
**Telephone** 608-237-7443 **Email** gcashman@charter.net  
**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:

AGS INVESTMENTS, LLC is the owner of 2425 S. Stoughton Rd. The owner is remodeling a portion of the building to create lease space for Madison Indoor Golf, LLC

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

[X] 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 Sydney Prusak Date 9/18/19

Zoning staff Jenny Kirchgatter Date 9/18/19

[X] Demolition Listserv (https://www.cityofmadison.com/developmentCenter/demolitionNotification/notificationForm.cfm).

[X] Public subsidy is being requested (indicate in letter of intent)

[X] 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 MICHAEL TIERNEY Date 9-20-2019

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 Casey Smith/Dana Smith Relationship to property owner

Authorizing signature of property owner [Signature] Date 9-25-2019