

**APPLICATION FOR
URBAN DESIGN COMMISSION
REVIEW AND APPROVAL**

AGENDA ITEM # _____
Project # _____

DATE SUBMITTED: <u>11/28/07</u>	Action Requested
UDC MEETING DATE: <u>12/5/07</u>	<input type="checkbox"/> Informational Presentation
	<input type="checkbox"/> Initial Approval and/or Recommendation
	<input checked="" type="checkbox"/> Final Approval and/or Recommendation

PROJECT ADDRESS: 707 South Mills Street

ALDERMANIC DISTRICT: # 13

OWNER/DEVELOPER (Partners and/or Principals) ARCHITECT/DESIGNER/OR AGENT:

St Mary's Hospital Medical
Center

Kahler Slater Architects, Inc.

CONTACT PERSON: Chris Oddo
Address: 44 E. Mifflin St., Suite 700
Madison, WI 53703
Phone: (608) 227-7211
Fax: _____
E-mail address: coddoo@kahlerslater.com

TYPE OF PROJECT:
(See Section A for:)

- Planned Unit Development (PUD)
- General Development Plan (GDP)
- Specific Implementation Plan (SIP) *Alteration to signage package*
- Planned Community Development (PCD)
- General Development Plan (GDP)
- Specific Implementation Plan (SIP)
- Planned Residential Development (PRD)
- New Construction or Exterior Remodeling in an Urban Design District * (A public hearing is required as well as a fee)
- School, Public Building or Space (Fee may be required)
- New Construction or Addition to or Remodeling of a Retail, Hotel or Motel Building Exceeding 40,000 Sq. Ft.
- Planned Commercial Site

(See Section B for:)
 New Construction or Exterior Remodeling in C4 District (Fee required)

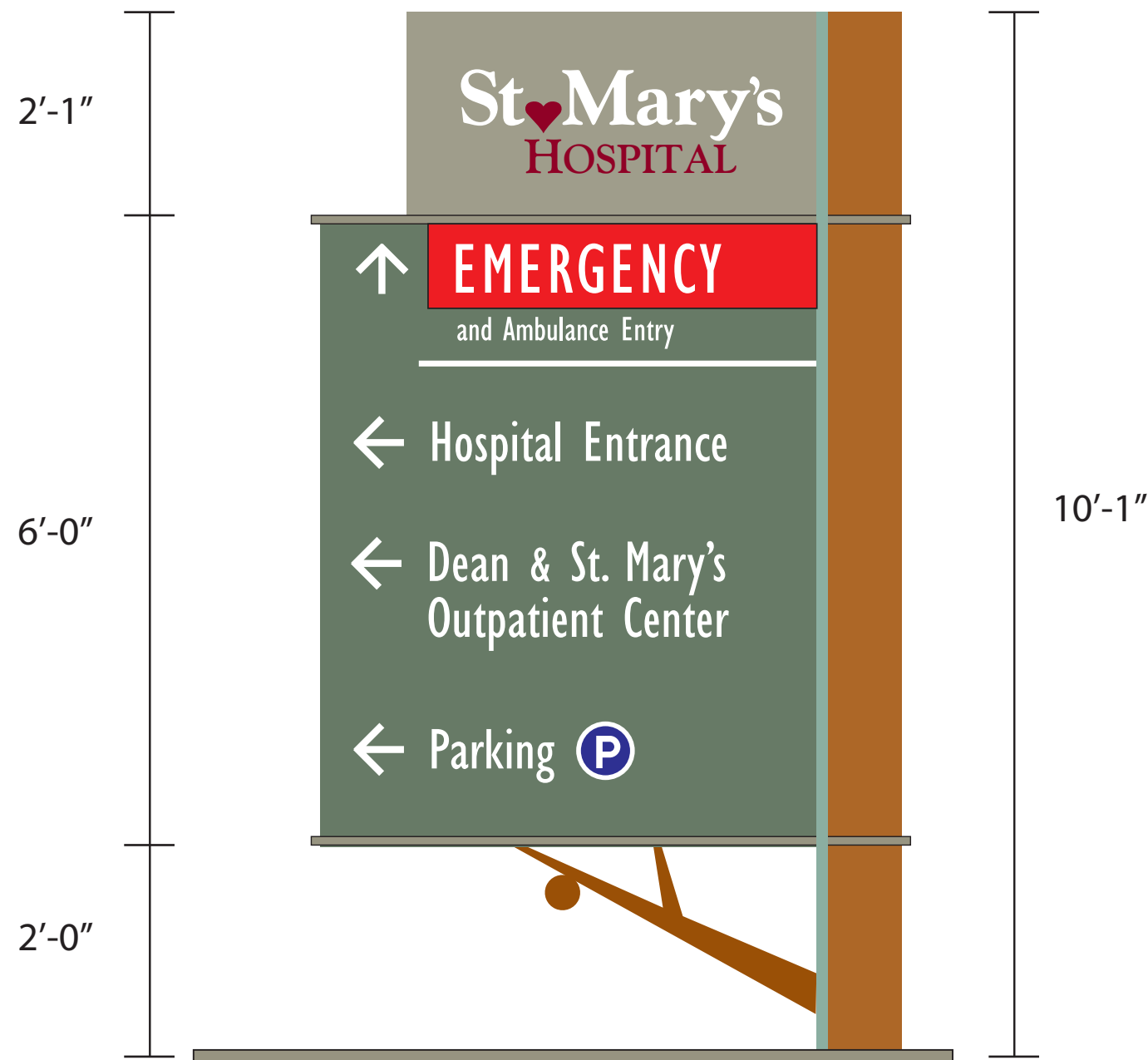
(See Section C for:)
 R.P.S.M. Parking Variance (Fee required)

(See Section D for:)
 Comprehensive Design Review* (Fee required)
 Street Graphics Variance* (Fee required)
 Other _____

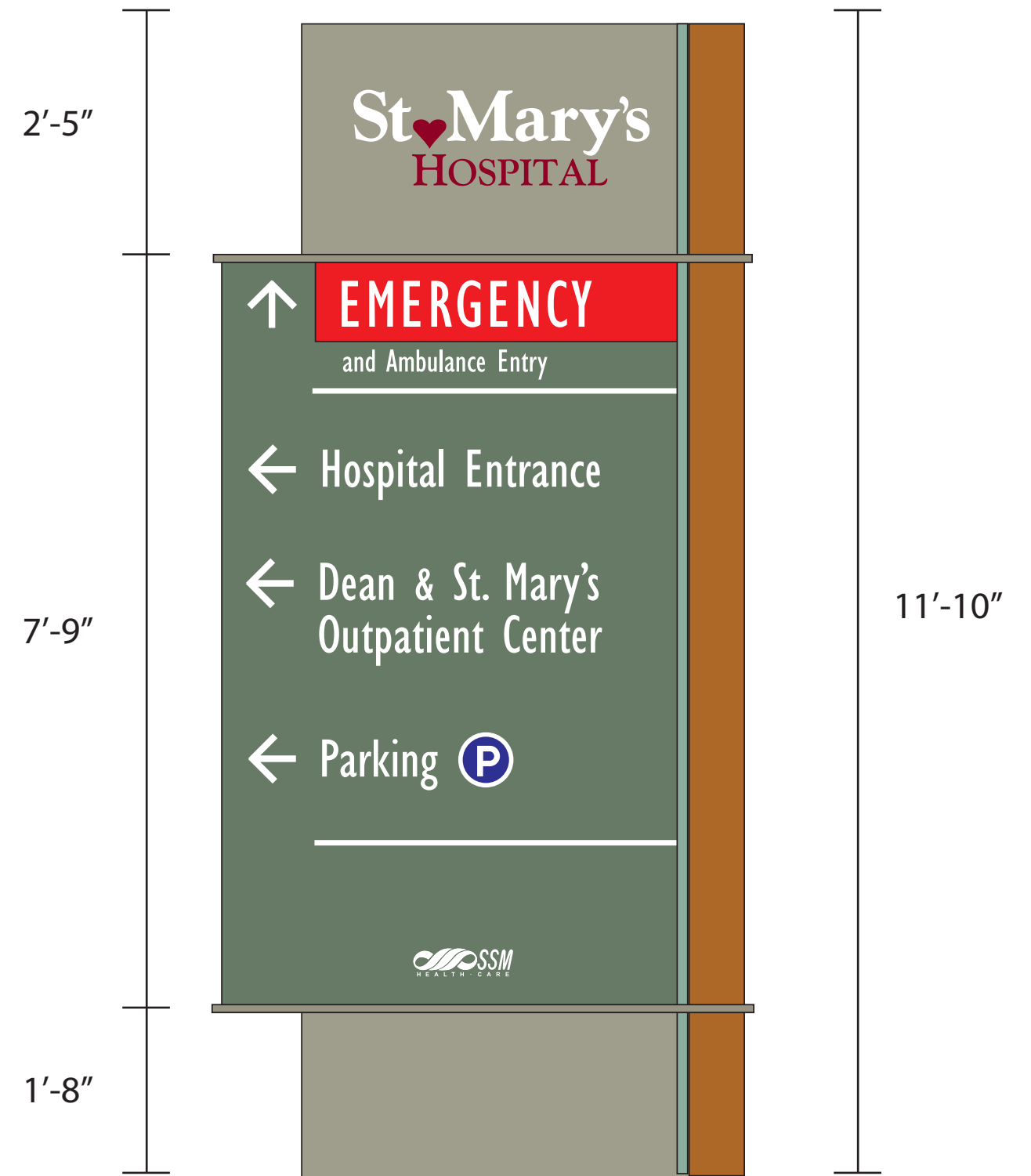
*Public Hearing Required (Submission Deadline 3 Weeks in Advance of Meeting Date)

Where fees are required (as noted above) they apply with the first submittal for either initial or final approval of a project.

Proposed P5 Pylon Sign



Proposed Pylon



Original Pylon