

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 _____
 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 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: 5825/5827 COTTAGE GROVE ROAD
 Title: PERMIT TO DEMOLISH DUPLEX

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 SISTER M. SOPHY ANN RIVERA Company SCHOENSTATT SISTERS OF MARY
Street address 5901 COTTAGE GROVE RD City/State/Zip MADISON, WI 53718
Telephone 608-222-7208 Email sistercatheryn@hotmail.com
Project contact person ROBERT ARNTZ Company ROBERT J. ARNTZ, ARCHITECT
Street address 1300 CENTENNIAL PKWY City/State/Zip WAUNAKEE, WI 53597
Telephone 608-849-7292 Email rjarntz@tds.net
Property owner (if not applicant) SCHOENSTATT SISTERS OF MARY - CATHERINE VITTO
Street address W284 NADA CHERRY LN City/State/Zip WAUKESHA, WI 53188-9416
Telephone 262-522-4300 Email scatherine@schoenstatt.org

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APPLICATION FORM (CONTINUED)

5. Project Description

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

DEMOLITION OF A DUPLEX AND RESTORATION OF THE SITE TO MATCH EXISTING TOPOGRAPHY, GRASS SEED

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: AS SOON AS POSSIBLE Planned Completion Date: BY APRIL 1, 2020

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 KEVIN FIRCHOW Date 1/16/2020

Zoning staff JACOB MOSCOWITZ Date 1/16/2020

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

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 AID TIERNEY (DISTRICT 16) Date 1/17/2020

Neighborhood Association(s) NA Date

Business Association(s) NA Date

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

Name of applicant SISTER M. SOPHY ANN RIVERA Relationship to property HOUSE SUPERVISOR

Authorizing signature of property owner Sophy Ann Rivera Date January 29, 2020