



LAND USE APPLICATION Madison Plan Commission

215 Martin Luther King Jr. Blvd; Room LL-100
PO Box 2985; Madison, Wisconsin 53701-2985
Phone: 608.266.4635 | Facsimile: 608.267.8739

- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed with the Subdivision Application.
- Before filing your application, please review the information regarding the **LOBBYING ORDINANCE** on the first page.
- Please read all pages of the application completely and fill in all required fields.
- This application form may also be completed online at www.cityofmadison.com/planning/plan.html
- All Land Use Applications should be filed directly with the Zoning Administrator.

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
GQ _____	
Zoning District _____	
For Complete Submittal	
Application _____	Letter of Intent _____
IDUP _____	Legal Descript. _____
Plan Sets _____	Zoning Text _____
Alder Notification _____	Waiver _____
Ngbrhd. Assn Not. _____	Waiver _____
Date Sign Issued _____	

1. Project Address: 1102 S. PARK STREET **Project Area in Acres:** APPROX. 2.7
Project Title (if any): WINGRA FAMILY CLINIC

2. This is an application for:

Zoning Map Amendment (check the appropriate box(es) in only one of the columns below)		
<input type="checkbox"/> Rezoning to a <u>Non-PUD</u> or PCD Zoning Dist.: Existing Zoning: _____ to _____ Proposed Zoning (ex: R1, R2T, C3): _____	Rezoning to or Amendment of a PUD or PCD District: <input type="checkbox"/> Ex. Zoning: _____ to PUD/PCD-GDP <input type="checkbox"/> Ex. Zoning: _____ to PUD/PCD-SIP <input type="checkbox"/> Amended Gen. Dev. <input type="checkbox"/> Amended Spec. Imp. Plan	
<input type="checkbox"/> Conditional Use	<input checked="" type="checkbox"/> Demolition Permit	<input type="checkbox"/> Other Requests (Specify): _____

3. Applicant, Agent & Property Owner Information:

Applicant's Name: CHARLES A. GHIDORZI Company: GHIDORZI COMPANIES
 Street Address: 2100 STEWARD STREET, STE 300 City/State: WAUSAU, WISCONSIN Zip: 54401
 Telephone: (715) 348-1361 Fax: (715) 845-8896 Email: CHUCK@GHIDORZI.COM
 Project Contact Person: SAME AS ABOVE Company: _____
 Street Address: _____ City/State: _____ Zip: _____
 Telephone: () Fax: () Email: _____
 Property Owner (if not applicant): JEROME J & BONNIE THIEL
 Street Address: PO BOX 73 City/State: OREGON, WISCONSIN Zip: 53575

4. Project Information:

Provide a brief description of the project and all proposed uses of the site: _____
906 MIDLAND STREET IS PART OF THE PROPOSED WINGRA FAMILY CLINIC PROJECT.
 Development Schedule: Commencement FALL 2011 Completion WINTER 2012

11-14

5. Required Submittals:

- Plans** submitted as follows below and depicts all lot lines; existing, altered, demolished or proposed buildings; parking areas and driveways; sidewalks; location of any new signs; existing and proposed utility locations; building elevations and floor plans; landscaping, and a development schedule describing pertinent project details:
 - **7 copies** of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)
 - **7 copies** of the plan set reduced to fit onto 11 inch by 17 inch paper (collated, stapled and folded)
 - **1 copy** of the plan set reduced to fit onto 8 ½ inch by 11 inch paper
- Letter of Intent (12 copies):** describing this application in detail including, but not limited to: existing conditions and uses of the property; development schedule for the project; names of persons involved (contractor, architect, landscaper, business manager, etc.); types of businesses; number of employees; hours of operation; square footage or acreage of the site; number of dwelling units; sale or rental price range for dwelling units; gross square footage of building(s); number of parking stalls, etc.
- Legal Description of Property:** Lot(s) of record or metes and bounds description prepared by a land surveyor. For any application for rezoning, the description must be submitted as an electronic word document via CD or e-mail. For applications proposing rezoning to more than one district, a separate description of each district shall be submitted.
- Filing Fee:** \$_____ See the fee schedule on the application cover page. Make checks payable to: *City Treasurer*.
- Electronic Submittal:** All applicants are required to submit copies of all items submitted in hard copy with their application (including this application form, the letter of intent, complete plan sets and elevations, etc.) as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or in an e-mail sent to pcapplications@cityofmadison.com. The e-mail shall include the name of the project and applicant. Applicants unable to provide the materials electronically should contact the Planning Division at (608) 266-4635 for assistance.

In Addition, The Following Items May Also Be Required With Your Application:

- For any applications proposing demolition or removal of existing buildings, the following items are required:
 - Prior to the filing of an application, the applicant or his/her agent is required to notify a list of interested persons registered with the City **30 or 60 days prior to filing** their application using the online notification tool found at: <https://www.cityofmadison.com/developmentCenter/demolitionNotification/>
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 - Note: A Reuse and Recycling Plan approved by the City's Recycling Coordinator is required prior to issuance of wrecking permits and the start of construction.
- Zoning Text (12 copies):** must accompany Planned Community or Planned Unit Development (PCD/PUD) submittals.

6. Applicant Declarations:

- Conformance with adopted City plans:** Applications shall be in accordance with all adopted City of Madison plans:
 - *The site is located within the limits of* _____ *Plan, which recommends:* _____ *for this property.*
- Pre-application Notification:** Section 28.12 of the Zoning Code requires that the applicant notify the district alder and any nearby neighborhood & business associations in writing no later than **30 days** prior to filing this request:
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NOTE: If the alder has granted a waiver to this requirement, please attach any such correspondence to this form.

- Pre-application Meeting with staff:** Prior to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning and Planning Division staff; note staff persons and date.

Planning Staff: _____ Date: _____ Zoning Staff: _____ Date: _____

- Check here if this project will be receiving a public subsidy.** If so, indicate type in your Letter of Intent.

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

Printed Name CHARLES A. GHIDORZI Date JUNE 8, 2011

Signature _____ Relation to Property Owner DEVELOPER

Authorizing Signature of Property Owner Bonnie A. White Date 6-8-11

Effective May 1, 2009

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- Plans** submitted as follows below and depicts all lot lines; existing, altered, demolished or proposed buildings; parking areas and driveways; sidewalks; location of any new signs; existing and proposed utility locations; building elevations and floor plans; landscaping, and a development schedule describing pertinent project details:
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The signer attests that this form is accurately completed and all required materials are submitted:

Printed Name CHARLES A. GHIDORZI Date JUNE 8, 2011
 Signature  Relation to Property Owner DEVELOPER

Authorizing Signature of Property Owner _____ Date _____



906 Midland Rear View.jpg



906 Midland Basement 1.jpg



906 Midland Basement 2.jpg



906 Midland Dining.jpg



906 Midland Front View.jpg



906 Midland Kitchen.jpg



906 Midland Living.jpg



906 Midland Side View 1.jpg



906 Midland Stair.jpg



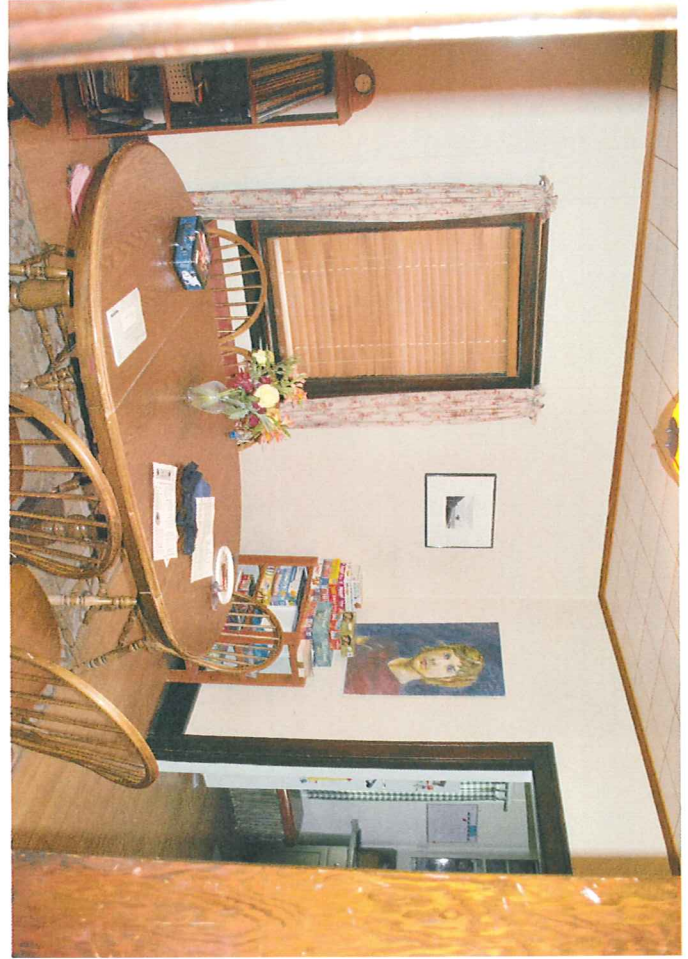
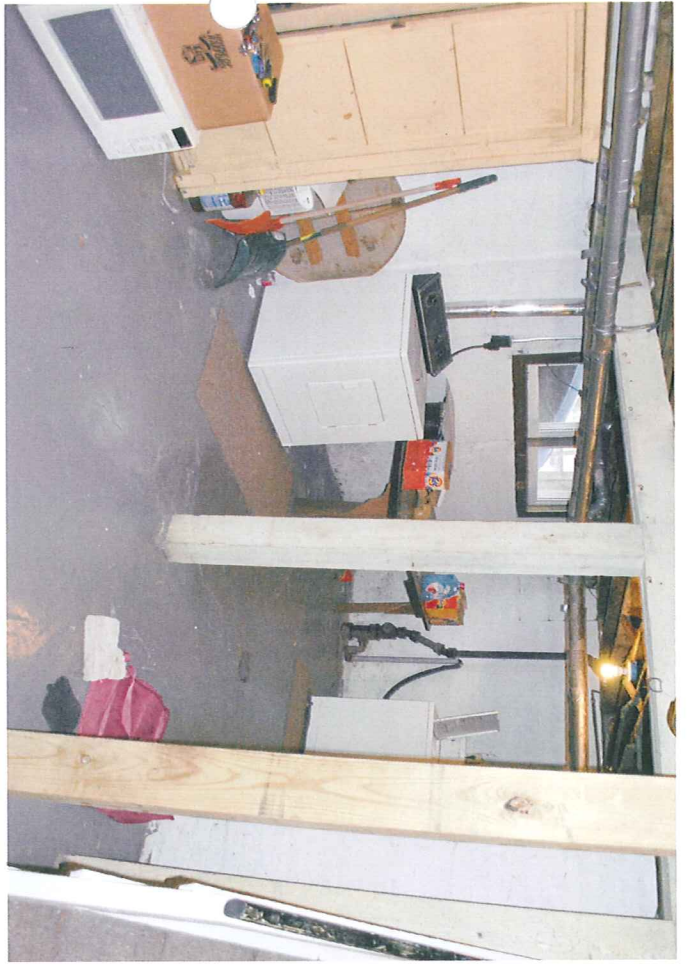
906 Midland Sun Porch .jpg



906 Midland Upper Bath.jpg



906 Midland Upper Lvl Hall.jpg



11-04





11-14



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Conditional Use

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Telephone: () _____ Fax: () _____ Email: _____
Property Owner (if not applicant): JEROME J & BONNIE THIEL
Street Address: PO BOX 73 City/State: OREGON, WISCONSIN Zip: 53575

4. Project Information:

Provide a brief description of the project and all proposed uses of the site: _____
908 MIDLAND STREET IS PART OF THE PROPOSED WINGRA FAMILY CLINIC PROJECT.

Development Schedule: Commencement FALL 2011 Completion WINTER 2012

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Printed Name CHARLES A. GHIDORZI Date JUNE 8, 2011

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Authorizing Signature of Property Owner Bonnie A. Philpott Date 6-8-11

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Authorizing Signature of Property Owner _____ Date _____



908 Midland Water Heaters.jpg



908 Midland Basement 1.jpg



908 Midland Basement 2.jpg



908 Midland Detach Garage.jpg



908 Midland Front View.jpg



908 Midland Furnace Room.jpg



908 Midland Hall 2.jpg



908 Midland Hall 3.jpg



908 Midland Hall.jpg



908 Midland Kitchen.jpg



908 Midland Living.jpg



908 Midland Lower Bath.jpg



908 Midland Rear View.jpg



908 Midland Side View 1.jpg



908 Midland Stairs.jpg



908 Midland Upper Bath.jpg



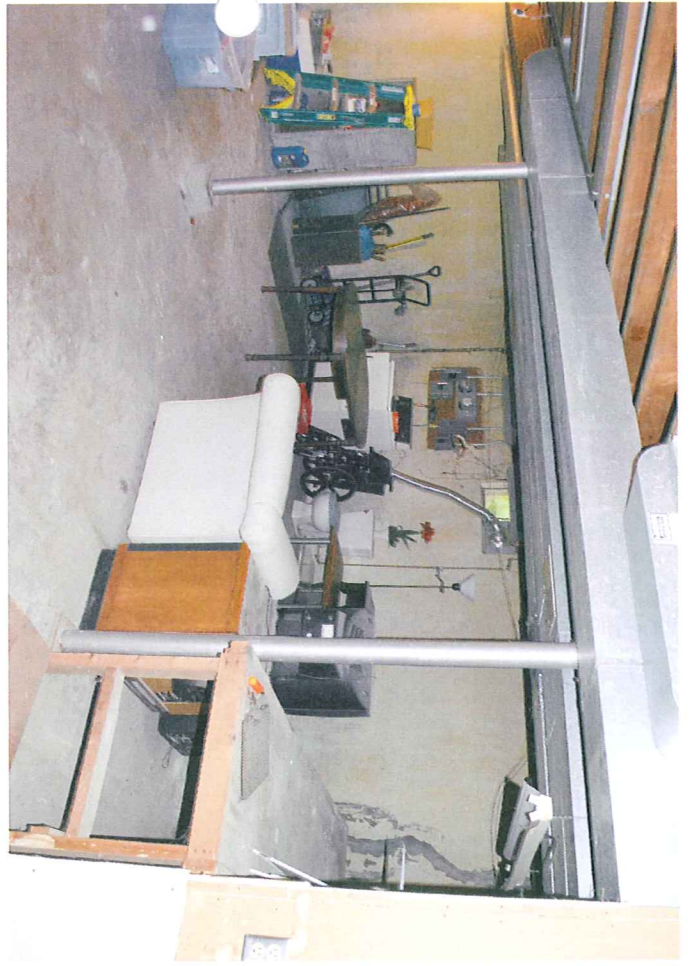
908 Midland Upper Hall 1.jpg



908 Midland Upper Kitchen.jpg

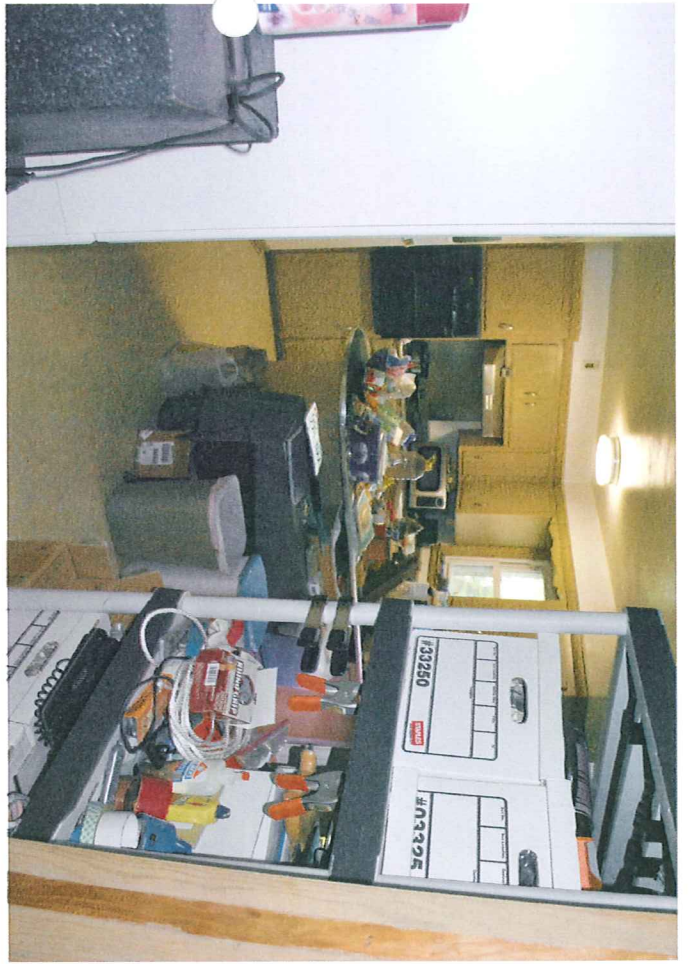


908 Midland Upper Living.jpg





11-14



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