

# 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: 5210 SIGGELKOW ROAD, MADISON, WI 53718

Title: COMMUNITY LIVING ARRANGEMENT CBRP

### 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 FREDRICK A. DEVILLIUS Company FORWARD DEVELOPMENT & CONSULTING

Street address 5210 SIGGELKOW ROAD City/State/Zip MADISON, WI 53718

Telephone (608) 220-6129 Email Fred@Forward-Development.com

Project contact person SOME AS ABOVE Company \_\_\_\_\_

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

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

Property owner (if not applicant) SOME AS ABOVE

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:

REDEVELOPMENT OF EXISTING 4-RESIDENT ADULT FAMILY HOME TO A 15-RESIDENT COMMUNITY BASED RESIDENTIAL FACILITY.

Proposed Dwelling Units by Type (if proposing more than 8 units):

Efficiency: 15 BDR ROOMS WITH 12 PRIVATE BATHROOM 1-Bedroom: 2-Bedroom: 3-Bedroom: 4+ Bedroom:

Density (dwelling units per acre): Lot Size (in square feet & acres): 20,384 SF; 0.468 AC

Proposed On-Site Automobile Parking Stalls by Type (if applicable):

Surface Stalls: 2 Under-Building/Structured: 6

Proposed On-Site Bicycle Parking Stalls by Type (if applicable):

Indoor: 6+ Outdoor: 0

Scheduled Start Date: SEPTEMBER 2019 Planned Completion Date: JULY 2020 (EST.)

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 COLIN PUNT Date 5/15/19

Zoning staff JACOB MOSKOWITZ Date 5/15/19

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 MICHAEL TIERNY Date 5/16/2019

Neighborhood Association(s) TWIN OAKS ASSOCIATION & TREASURER Date 5/16/2019

Business Association(s) NA Date

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

Name of applicant FREDRICK A. DEVLINSONS Relationship to property OWNER

Authorizing signature of property owner [Signature] Date 7/16/19