## **LAND USE APPLICATION - INSTRUCTIONS & FORM**



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		
Date Received		Initial Submittal
Paid	6/12/23 12:09 p.m.	Revised Submitta

All Land Use Applications must be filed with the Zoning Office. Please see the revised submittal instructions on Page 1 of this document.

This completed form is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the <u>Subdivision Application</u>. If your project requires both Land Use <u>and</u> Urban Design Commission (UDC) submittals, a completed <u>UDC Application</u> and accompanying submittal materials are also required to be submitted.

If you need an interpreter, translator, materials in alternate formats or other accommodations to access these forms, please call the Planning Division at (608) 266-4635.

Si necesita interprete, traductor, materiales en diferentes formatos, u otro tipo de ayuda para acceder a estos formularios, por favor llame al (608) 266-4635.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawy, los sis xav tau cov ntaub ntawv ua lwm hom ntawv los sis lwm cov kev pab kom paub txog cov lus qhia no, thov hu rau Koog Npaj (Planning Division) (608) 266-4635.

APPLICATION FORM	
1. Project Information	
Address (list all addresses on the project site):	
Title:	
2. This is an application for (check all that apply)	
Zoning Map Amendment (Rezoning) from	to
Major Amendment to an Approved Planned Develop	ment - General Development Plan (PD-GDP)
Major Amendment to an Approved Planned Develop	ment - Specific Implementation Plan (PD-SIP)
Review of Alteration to Planned Development (PD) (	oy 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	_ Company
Street address	City/State/Zip
Telephone	_ Email
Project contact person	Company
Street address	City/State/Zip
	_ Email
Property owner (if not applicant)	
Street address	_ City/State/Zip

Telephone

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APPLICATION FORM (CONTINUED)	
5. Project Description	
Provide a brief description of the project and all	proposed uses of the site:
Proposed Square-Footages by Type:	+/- 2,938 sf
Overali (gross):	cial (net): Office (net):
Industrial	I (net): Institutional (net):
Proposed Dwelling Units by Type (if proposing r	
	oom: 3-Bedroom: 4 Bedroom: 5-Bedroom:
	Lot Area (in square feet & acres):
Proposed On-Site Automobile Parking Stalls by	
Surface Stalls: Under-Building/Structure	ed: Electric Vehicle-ready¹: Electric Vehicle-installed¹:
Proposed On-Site Bicycle Parking Stalls by Type	(if applicable): See Section 28.141(8)(e), MGO for more information
Indoor (long-term): Outdoor (short-t	erm):
Scheduled Start Date:	Planned Completion Date:
6. Applicant Declarations	
	reparation of this application, the applicant is strongly encouraged to discuss ss with Zoning and Planning Division staff. Note staff persons and date.
Planning staff	Date
Zoning staff	Date
Posted notice of the proposed demolition on the	e <u>City's Demolition Listserv</u> (if applicable). Date Posted
Public subsidy is being requested (indicate	in letter of intent)
	de requires that the applicant notify the district alder and all applicable
neighborhood and business associations <u>in</u> of the pre-application notification or any	n writing no later than 30 days prior to FILING this request. Evidence correspondence granting a waiver is required. List the alderperson,
	ociation(s), AND the dates notices were sent.
District Alder	Date
Neighborhood Association(s)	Date
Business Association(s)	Date
The applicant attests that this form is accurately of	completed and all required materials are submitted:
Name of applicant	Relationship to property
	Date