



CITY OF MADISON  
ZONING BOARD OF APPEALS  
APPEAL APPLICATION

**\$200 Filing Fee**

Ensure all information is **typed** or legibly **printed** using blue or black ink.

Notices are sent to the District Alderperson and to owners of record as listed in the Office of the City Assessor. Maximum size for all drawings is 11" x 17".

Name of Applicant: **Stoppel Revocable Trust**  
Address: **1202 Regent Street, Madison, WI 53715**

Daytime Phone: **608-268-4912** Evening Phone: **608-516-8272**

Email: **jim@madisonproperty.com**

1. The undersigned hereby appeals the decision of the Zoning Administrator in regard to Madison General Ordinance Section No. **28.186(4)**

2. When relevant to a specific property, fill out below:  
Street Address: **1202 Regent Street**

3.  List of grounds for the appeal, statements, evidence of fact, and any additional information associated with the appeal are provided on a separate attachment.

Applicant Signature: *Dan O'Callaghan*  
Atty. Dan O'Callaghan, authorized agent for Stoppel Revocable Trust

FOR OFFICE USE ONLY	
Amount Paid: <b>\$200</b>	Zoning District: <b>TSS, WP-27</b>
Receipt: _____	Hearing Date: <b>7/16/2026</b>
Filing Date: <b>6/18/2026</b>	Published Date: <b>7/9/2026</b>
Received By: <b>Staff</b>	Appeal Number: <b>LNDAPP-2026-00002</b>
Parcel Number: <b>070922116037</b>	GQ: _____
Alder District: <b>8</b>	

**DECISION**

The Board, in accordance with the findings of fact, hereby determines that the requested appeal for \_\_\_\_\_ is

**Approved**

**Denied**

**Conditionally Approved**

**Zoning Board of Appeals Chair:**

**Date:**