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 _	6/12/25 10:46 a.m	_J .	Initial Submittal		
Paid			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 Urban Design Commission (UDC)</u> 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 occommodations 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 ntawv, 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.

		(Figurial Strains) (1995) 200 Figuria					
APPLICATION FOI	RM						
1. Project Informa	ation						
Address (list all a	Address (list all addresses on the project site):						
939 South Park S1	Madison, WI 53715						
Title: Drive Thru co	onditional use						
2 This is an annli	cation for (check all that apply)						
• • •		to					
■ Major Amer							
■ Review of A	Iteration to Planned Development (PD) (by Plan Commission)					
☑ Conditional	Use or Major Alteration to an Approve	ed Conditional Use					
Demolition	Permit						
3. Applicant, Age	3. Applicant, Agent, and Property Owner Information						
Applicant name	Aaron Abraha	Company Postal pro Pack and Ship					
Street address	939 South Park Street	City/State/Zip Madison, WI 53715					
Telephone	608 298 7338	Email info@postalpropackandship.com					
Project contact p	person	Company					
Street address		City/State/Zip					
Telephone							
Property owner	(if not applicant) Steve Klinke						
Street address	4518 Monona D	City/State/Zip Madison, WI 53716					
Telephone	(608) 620-7685	Email steve@klinkerealestate.com					
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LND-A

APPLICATION FORM (CONTINUED)

5. Project Description Provide a brief description of the project and all proposed uses of the site: To use of the existing drive-thru service window retail store located at 939 South Park Street, Madison, WI 53715.					
-					
	Overall (gross): Commercial (net): 1, 400 S.F. Office	ce (net):			
	Overall (gross): Commercial (net): Office Industrial (net): Institute Instit	itutional (net):			
Pro	posed Dwelling Units by Type (if proposing more than 8 units):				
	Efficiency: 1-Bedroom: 2-Bedroom: 3-Bedroom: 4 Bodroom:	edroom: 5-Bedroom:			
	Density (dwelling units per acre): Lot Area (in square feet & a	acres):			
	posed On-Site Automobile Parking Stalls by Type (if applicable): Surface Stalls: 6 Under-Building/Structured: 6 Electric Vehicle-ready¹: 6 Parking Stalls by Type (if applicable): 1 See Section 28.	Electric Vehicle-installed ¹ : 2			
	Indoor (long-term): Outdoor (short-term):				
	heduled Start Date: Planned Completion Date:				
	plicant Declarations	vate,			
_	Pre-application meeting with staff. Prior to preparation of this application, the appl the proposed development and review process with Zoning and Planning Division.	icant is strongly encouraged to discuss staff. Note staff persons and date.			
	Planning staff Colin Punt	Date <u>05/2/2025</u>			
	Zoning staff	Date_05/2/2025			
	Posted notice of the proposed demolition on the <u>City's Demolition Listserv</u> (if applicable)				
	Public subsidy is being requested (indicate in letter of intent)	170			
	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 Alderperson Tag Evers	Date 05/23/2025			
	Neighborhood Association(s) Cindy McCallum	Date 05/23/2025			
	Business Association(s) Cindy McCallum	Date 05/23/2025			
he ap	oplicant attests that this form is accurately completed and all required materia	als are submitted:			
ame (of applicant Aaron Abraha Relationship to pro	operty Tenant			
ıthor	izing signature of property owner	Date 6/9/25			