



Location  
1729 Heim Avenue

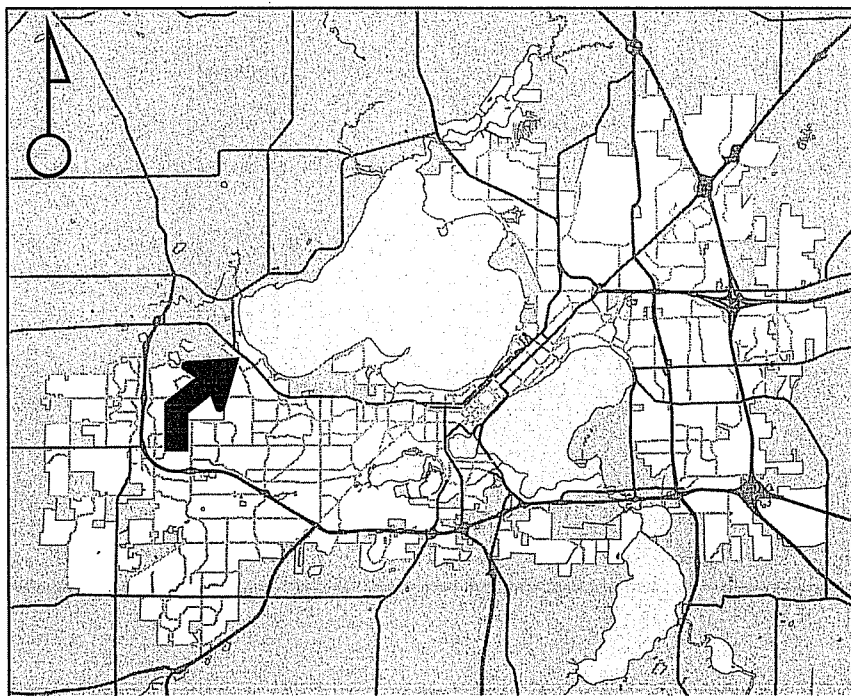
Project Name  
In-home Acupuncture

Applicant  
Susan Padberg - Medical Acupuncture, LLC/  
Ronald Trachtenberg - Murphy Desmond, SC

Existing Use  
Single Family Home

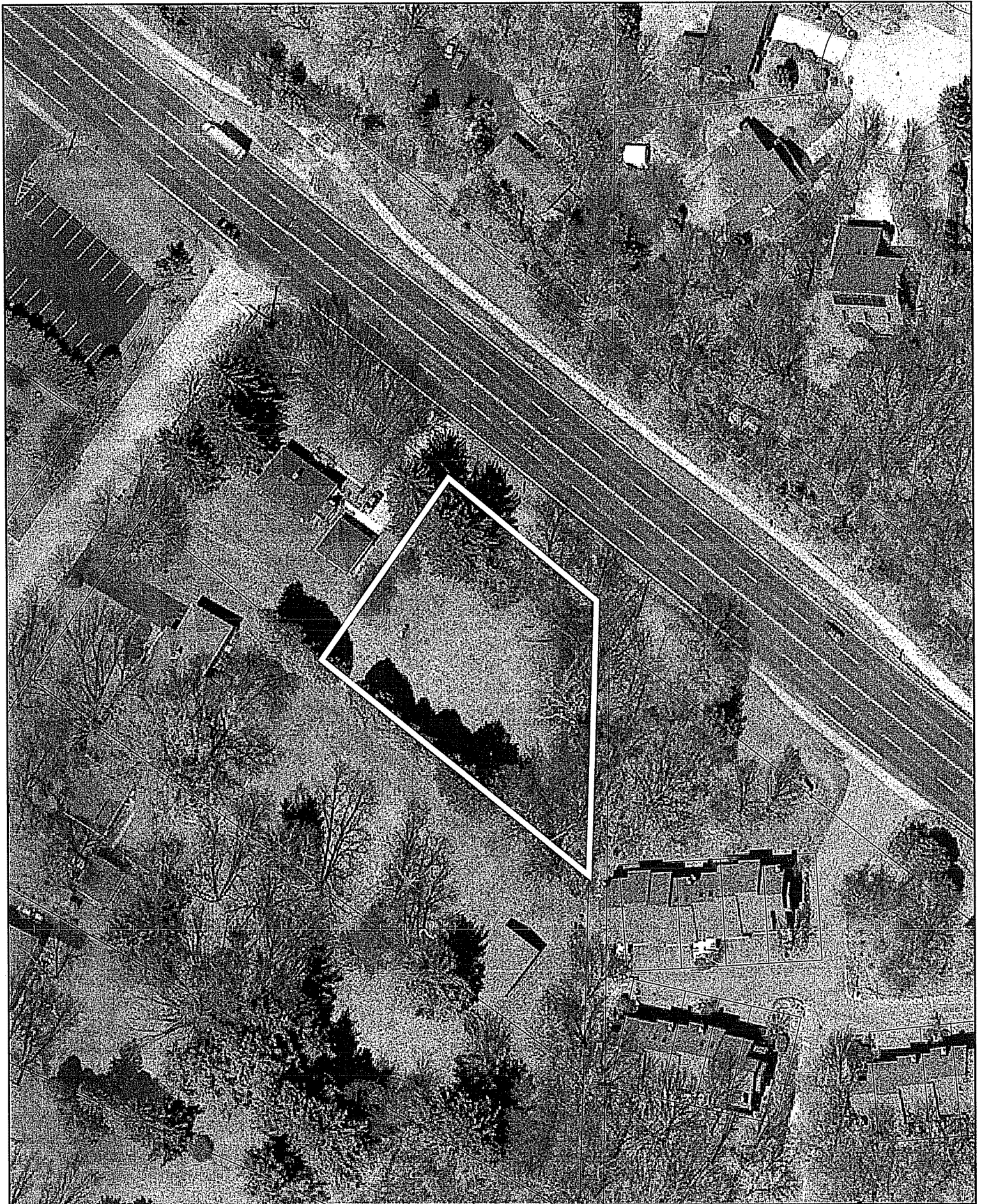
Proposed Use  
Approval to Allow One Employee  
for Professional Office in Home

Public Hearing Date  
Plan Commission  
16 October 2006



For Questions Contact: Bill Roberts at: 266-5974 or wroberts@cityofmadison.com or City Planning at 266-4635





Susan E. Padberg, MD FAAMA  
Medical Acupuncture, LLC  
3801 Regent St., Suite 1B  
Madison, WI 53705  
(608) 204-7410

Letter of Intent:

Proposal for R-1 Professional Office in a Home,  
Lot 2 CSM 11766, 1729 Heim Avenue.

Dear Chair and Member of the City of Madison Plan Commission:

I am proposing to provide medical acupuncture services through a professional office (Section 28.03 (2), MGO) located within my and my husband's to be built home on Lot 2, CSM 11766, 1729 Heim Avenue.

Professional offices in a home in the R1 zoning district are a permitted use if they comply with all of the provisions of a home occupation (except mechanical equipment customarily used in the profession is permitted if there are no external manifestations of such equipment at the property line). (Sections 28.03 (2) and 28.08 (2) (b) 8. c. and d., MGO)

My current and proposed medical acupuncture practice follow all of the requirements for a home occupation except that I have used and desire to continue to use non-resident non-family member receptionists. My reception staff are employees, not immediate resident family members. Pursuant to Section 28.04 (26) (b) 3., MGO, I need and am requesting conditional use authorization by the Plan Commission to use non-resident non-family as my reception staff.

Mission Statement for my business:

To provide excellent medical acupuncture services, using a holistic approach, and honoring my allopathic background – in a setting which respects nature and facilitates healing.

Hours of Operation:

8 am – 7 pm. Monday through Friday.  
9 am – 1 pm on Saturday.

Number of Outside Employees:

There will be only one employee working with me at any time.

Estimated number of Patients:

7 – 10 between 8 am and 1 pm,  
6 – 9 between 2 pm and 7 pm.

Deliveries:

Laundry on Mondays and Thursdays.  
Occasional supply deliveries 1 – 2 times per week.

Parking:

Parking will be on-site, with landscaping to shield it. We will plan this into the overall design as outlined in the chapter on Design guidelines.

Compliance with SHNA – University Ave. Neighborhood Plan (draft):

Our property is located within SH Site 4. (pg. 33)

I am following the recommendation of the committee and neighbors, to keep this part of University Ave. residentially zoned. (pg. 35, goal #1 & #2, pg. 36 goal #5, pg. 43, goal #7)

My professional office will provide a health related service enhancing University Avenue as a vibrant mixed use corridor, for the immediate neighborhood and surrounding community (pg. 35, goal #2)

Design guidelines for the building and site will follow the concepts outlined in the plan:

- Mixed use (a live/work space). (pg 35, goal #2)
- Similar height and scale, as the surrounding homes. (pg. 35, goal #1)
- Sustainable building practice (pg. 43 goal #7)
- Energy efficiency (pg. 48 goal #21)
- Preserve surrounding green space, attractive landscaping (pg 51, goal #23)
- Minimize water runoff (pg 44, goal #11)

The architectural firm that we plan to use, Design Coalition, has extensive experience in these design concepts. (See Chapter on Design guidelines – overall design principals)

My medical acupuncture service supports economic development, by adding a business that contributes to the current diverse mix of services. (pg. 43, goals #8 & #9)

A professional office in my and my husband's home will eliminate my need to commute by car. It will also be easily and safely accessible to pedestrians. (pg 39, goal #3, pg 51, goal #23)

It is located on a site with great access to public transportation (bus, bicycle path, and even possibly light rail, in the future). (pg. 39, goal #4, pg. 41 #6)

It improves safety within the neighborhood, by converting a currently vacant lot into an occupied residence. (pg 39, goal #3)

The timing of this development would fit easily with upcoming recommendations to reconstruct University Ave. (burying utilities, placing sidewalks and curbs, adding a center turn lane). (pg 48, goal #21, pg 51, goal #23)

I have followed the guidelines for Alder notification, and for neighborhood review of our proposal, as outlined in the SHNA Univ. Ave. Plan (pg 35, goal #1, pg. 50, goal #22)

#### Compliance with Conditional Use Standards:

That the establishment, maintenance or operation of the conditional use will not be detrimental to or endanger the public health, safety, or general welfare: There will be minimal traffic impact. Other than that, there will be no impact upon the public health, safety or welfare.

That the City be able to provide municipal services to the property where the conditional use is proposed, given due consideration of the cost of providing such services: The subject area is full developed and all public municipal services are provided.

That the uses, values and enjoyment of other property in the neighborhood for purposes already established shall be in no foreseeable manner substantially impaired or diminished by the establishment, maintenance or operation of the conditional use: The house and all parking areas will be full screened from any adjacent residential areas. Traffic impact will be minimal.

That the establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district: The surrounding area is fully developed.

That adequate utilities, access roads, drainage, parking supply, internal circulation improvements, including but not limited to vehicular, pedestrian, bicycle, public transit and other necessary site improvements have been or are being provided: All necessary utilities are present. The site is located on a major transportation corridor with public transit, bicycle and pedestrian access.



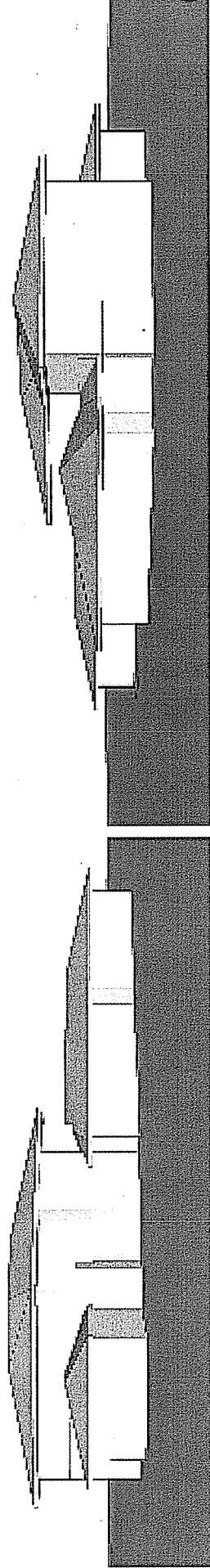
That measures, which may include transportation demand management (TDM) and participation in a transportation management association have been or will be taken to provide adequate ingress and egress, including all off-site improvements, so designed as to minimize traffic congestion and to ensure public safety and adequate traffic flow, both on-site and on the public streets: See above. Transportation access will be improved with the planned reconstruction of University Avenue.

That the conditional use shall conform to all applicable regulations of the district in which it is located: All applicable regulations shall be met. What is being proposed is a live-work residence for professional office on a major arterial that will not impact adversely upon the adjacent residential areas or traffic flow.

Respectfully submitted,

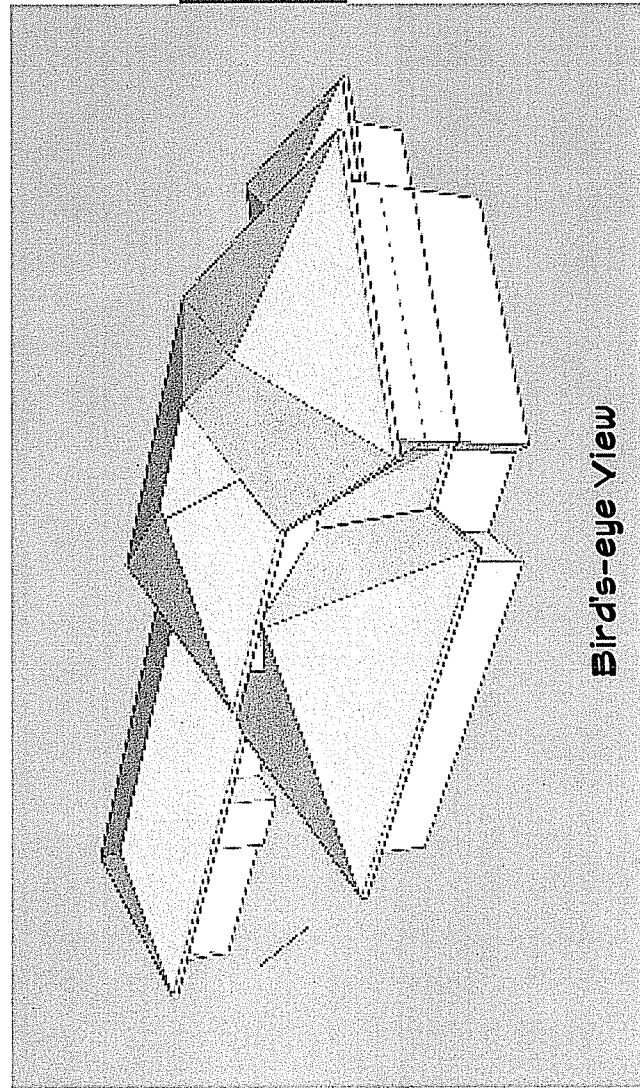
Susan Padberg, MD FAAMA



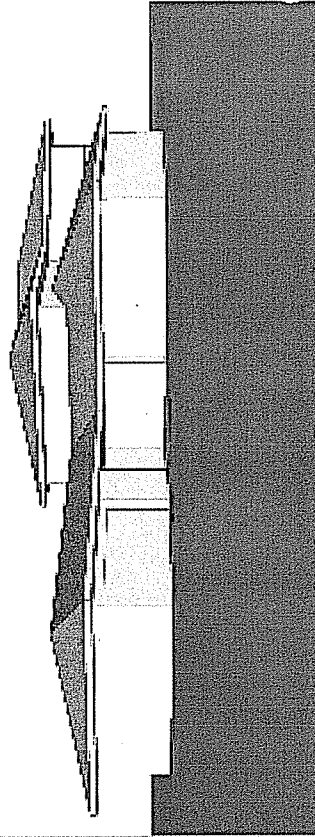


View from the South

View from the North



Bird's-eye View

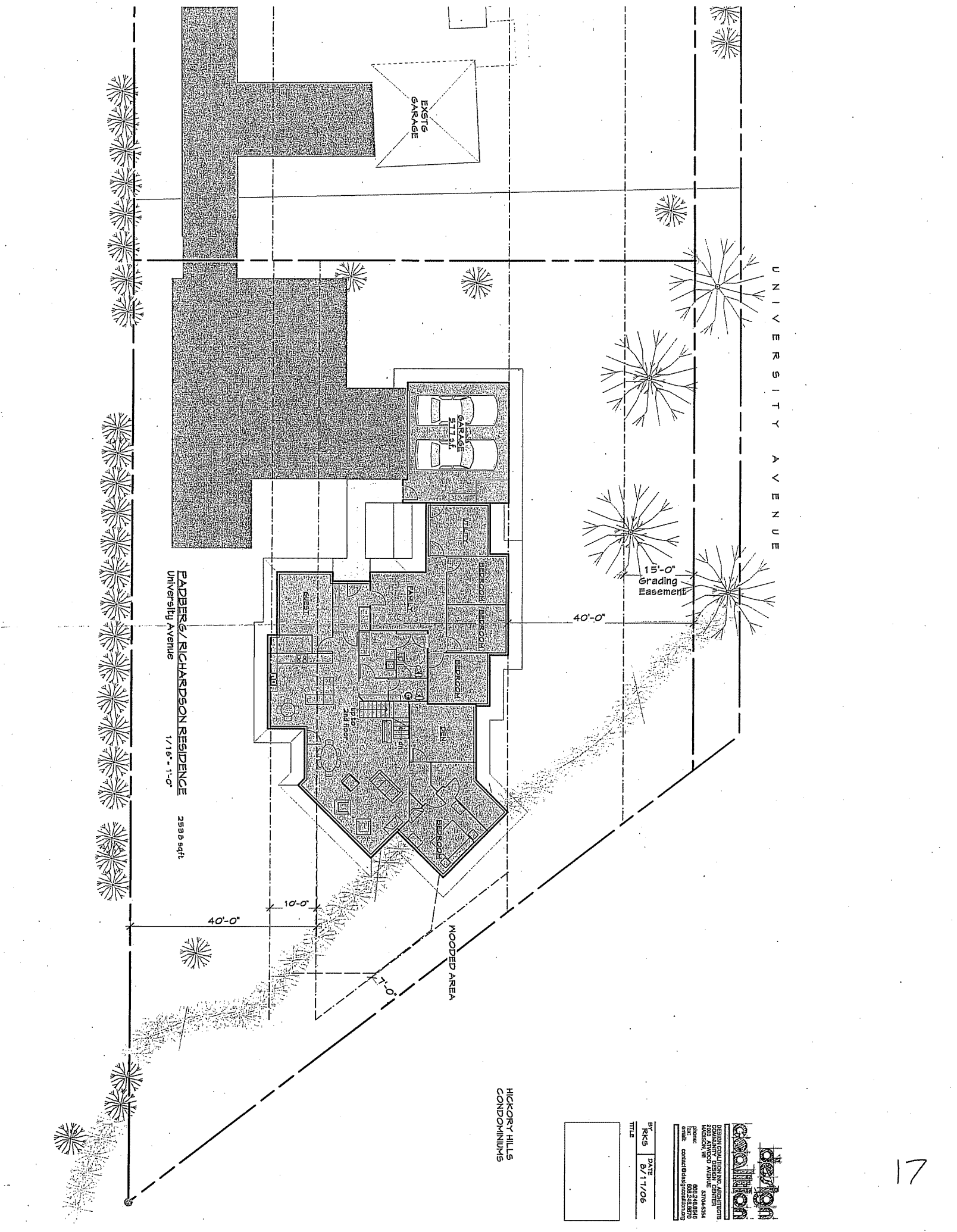


View from the West

Conceptual sketches for  
**Padberg/Richardson Residence**  
University Avenue

Design Coalition, Inc. Architects • Madison, WI





**PADERBERG/RICHARDSON RESIDENCE**  
 University Avenue 1/16" = 1'-0" 2539 sqft

UNIVERSITY AVENUE

EXIST'G GARAGE

WOODED AREA

15'-0" Grading Easement

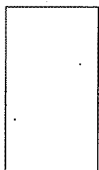
40'-0"

40'-0"

10'-0"

0'-1"

HICKORY HILLS  
 CONDOMINIUMS



BY: RKS DATE: 8/17/06  
 TITLE:

DESIGN: GUY LITTON INC. ARCHITECTS  
 2300 ALMOND AVENUE, SUITE 100  
 RICHMOND, VA 23220-4694  
 TEL: 804.246.8844  
 FAX: 804.246.8870  
 EMAIL: CONTACT@GUYLITTON.COM

**Design**  
**collaboration**

# 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.
- 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](http://www.cityofmadison.com/planning/plan.html)
- All zoning application packages should be filed directly with the Zoning Administrator's desk.
- All applications will be reviewed against the applicable standards found in the City Ordinances to determine if the project can be approved.

### FOR OFFICE USE ONLY:

Amt. Paid \$550.<sup>00</sup> Receipt No. \_\_\_\_\_  
 Date Received 6/21/06  
 Received By Jenny Kusator  
 Parcel No. 0708-131-0710-3  
 Aldermanic District 19 Noel Radomski  
 GQ Urban Design Dist. - 06  
 Zoning District R1  
**For Complete Submittal**  
 Application  Letter of Intent   
 IDUP N/A Legal Descript.   
 Plan Sets  Zoning Text N/A  
 Alder Notification 5/10/06 Waiver \_\_\_\_\_  
 Ngrhd. Assn Not. 5/15/06 Waiver \_\_\_\_\_  
 Date Sign Issued \_\_\_\_\_

**1. Project Address:** 1729 Heim Street **Project Area in Acres:** .44

**Project Title (if any):** \_\_\_\_\_

**2. This is an application for:** (check at least one)

<input checked="" type="checkbox"/> <b>Zoning Map Amendment</b> (check only ONE box below for rezoning and fill in the blanks accordingly)		
<input type="checkbox"/> Rezoning from _____ to _____	<input type="checkbox"/> Rezoning from _____ to PUD/PCD-SIP	
<input type="checkbox"/> Rezoning from _____ to PUD/PCD-GDP	<input type="checkbox"/> Rezoning from PUD/PCD-GDP to PUD/PCD-SIP	
<input checked="" type="checkbox"/> <b>Conditional Use</b>	<input type="checkbox"/> <b>Demolition Permit</b>	<input type="checkbox"/> <b>Other Requests</b> (Specify): _____

**3. Applicant, Agent & Property Owner Information:**

Applicant's Name: Susan Padberg Company: Medical Acupuncture, LLC  
 Street Address: 3801 Regent Street, 1B City/State: Madison, WI Zip: 53705  
 Telephone: (608) 204-7410 Fax: ( ) Email: spadberg@charter.net

Project Contact Person: Ronald M. Trachtenberg, Esq. Company: Murphy Desmond S.C.  
 Street Address: P.O. Box 2038 City/State: Madison, WI Zip: 53701-2038  
 Telephone: (608) 268-5575 Fax: (608) 257-2508 Email: rtrachtenberg@murphydesmond.com

Property Owner (if not applicant): Ross Richardson, LLC (applicant's husband)  
 Street Address: 1025 Friar Lane City/State: Madison, WI Zip: 53711

**4. Project Information:**

Provide a general description of the project and all proposed uses of the site: Professional home office for acupuncture clinic. Need conditional use for single non-resident non-family employee.  
Section 28.04(26)(b)3 MGO

Development Schedule: Commencement ASAP Completion ASAP  
construction of single family house

**CONTINUE →**

**5. Required Submittals:**

**Site 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:

- **Seven (7) copies** of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)
- **Seven (7) copies** of the plan set reduced to fit onto 11 inch by 17 inch paper (collated, stapled and folded)
- **One (1) copy** of the plan set reduced to fit onto 8 ½ inch by 11 inch paper

**Letter of Intent: Twelve (12) copies** describing this application in detail but not limited to, including: 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. Lot 2, CSM 11766

**Legal Description of Property:** Lot(s) of record or metes and bounds description prepared by a land surveyor.

**Filing Fee:** \$ 850.00 See the fee schedule on the application cover page. Make checks payable to: *City Treasurer.*

**IN ADDITION, THE FOLLOWING ITEMS MAY ALSO BE REQUIRED WITH YOUR APPLICATION; SEE BELOW:**

For any applications proposing demolition of existing (principal) buildings, photos of the structure(s) to be demolished shall be submitted with your application. Be advised that a *Reuse and Recycling Plan* approved by the City's Recycling Coordinator is required to be approved by the City prior to issuance of wrecking permits.

A project proposing **ten (10) or more dwelling units** may be required to comply with the City's Inclusionary Zoning requirements outlined in Section 28.04 (25) of the Zoning Ordinance. A separate INCLUSIONARY DWELLING UNIT PLAN application detailing the project's conformance with these ordinance requirements shall be submitted concurrently with this application form. Note that some IDUP materials will coincide with the above submittal materials.

A *Zoning Text* must accompany **all** Planned Community or Planned Unit Development (PCD/PUD) submittals.

**FOR ALL APPLICATIONS:** 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 **INDIVIDUAL** Adobe Acrobat PDF files compiled either on a non-returnable CD to be included with their application materials, or in an e-mail sent to [pcapplications@cityofmadison.com](mailto:pcapplications@cityofmadison.com). The e-mail shall include the name of the project and applicant. Applicants who are unable to provide the materials electronically should contact the Planning Unit at (608) 266-4635 for assistance.

**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* Draft Spring Harbor Neighborhood *Plan, which recommends:*  
residential (see letter of intent) *for this property.*

**Pre-application Notification:** Section 28.12 of the Zoning Ordinance requires that the applicant notify the district alder and any nearby neighborhood or business associations by mail no later than **30** days prior to filing this request:

→ *List below the Alderperson, Neighborhood Association(s), Business Association(s) AND dates you sent the notices:*  
Ald. Noel Radomski 5/10/06; Spring Harbor Neighborhood Association 5/15/06  
*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 Counter and Planning Unit staff; note staff persons and date.

Planner Bill Roberts Date 12/05 Zoning Staff Ron Toole Date 12/05

**The signer attests that this form has been completed accurately and all required materials have been submitted:**

Printed Name Ronald M. Trachtenberg Date 6/21/06

Signature [Signature] Relation to Property Owner Attorney for Applicant

Authorizing Signature of Property Owner [Signature] Date 6/21/06

Ronald M. Trachtenberg, Attorney for Applicant and Applicant's Husband (Owner)