

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 10/19/22
4:23 p.m. **received**

☐ UDC ☐ PC

☐ Common Council ☐ Other _____

Reviewed By _____

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 Subdivision Application.

APPLICATION FORM

1. Project Information

Address (list all addresses on the project site): 1605 Fremont Ave, Madison WI, 53704

Title: _____

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)
- ☐ 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 Ashley Gohlke **Company** Common Wealth Development Inc

Street address 1501 Williamson Street **City/State/Zip** Madison, WI 53703

Telephone 608-620-7856 **Email** ashley@cwd.org

Project contact person Ashley Gohlke **Company** Common Wealth Development Inc

Street address 1501 Williamson Street **City/State/Zip** Madison, WI 53703

Telephone 608-620-7856 **Email** ashley@cwd.org

Property owner (if not applicant) Justice Castaneda, Executive Director, Common Wealth Development, Inc

Street address 1501 Williamson Street **City/State/Zip** Madison, WI 53703

Telephone (608) 620.7745 **Email** justice@cwd.org

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APPLICATION FORM (CONTINUED)

5. Project Description

Provide a brief description of the project and all proposed uses of the site:

Demolition of current house, subdivide lot and construct two new 3-4 Bedroom 2 bathroom single family homes.

Proposed Square-Footages by Type:

Overall (gross): 5186 sq ft Commercial (net): _____ Office (net): _____
Industrial (net): _____ Institutional (net): _____

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

Efficiency: _____ 1-Bedroom: _____ 2-Bedroom: _____ 3-Bedroom: _____ 4+ Bedroom: _____
Density (dwelling units per acre): _____ Lot Size (in square feet & acres): _____

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

Surface Stalls: _____ Under-Building/Structured: _____

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

Indoor: _____ Outdoor: _____

Scheduled Start Date: 11/8/22 Planned Completion Date: 11/30/22

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 Jacob Moskowitz, Lisa McNabola Date 8/3/2022

Zoning staff _____ Date _____

- ☐ **Posted notice of the proposed demolition on the** City's Demolition Listserv (if applicable).

- ☐ 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 Abbas Syed Date 8/3/2022

Neighborhood Association(s) Sheridan Triangle Date 8/3/2022

Business Association(s) _____ Date _____

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

Name of applicant Ashley Gohlke Relationship to property Director of Development Operations

Authorizing signature of property owner  Date 10-15-2020