## **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



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>.

FOR OFFICE USE ONLY:						
Paid Receipt #						
Date received						
Received by						
☐ Original Submittal ☐ Revised Submittal						
Parcel #						
Aldermanic District10:08 a.m						
Zoning District						
Special Requirements						
Review required by						
□ UDC □ PC						
☐ Common Council ☐ Other						
Reviewed By						

APPLICA	TION FORM	vI				
1. Projec	t Informati	ion				
Addres	ss (list all add	lresses on the project site): 702 North N	1idvale Boulevard and 401 North Segoe Avenue			
Title: _	Hilldale Sho	opping Center Phase Three				
2. This is	an applica	tion for (check all that apply)				
Zoning Map A		mendment (Rezoning) from PD-GDP,	SE to Amended PD-GDP			
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. Applic	ant, Agent	, and Property Owner Information				
Applica	ant name 40	01 North Segoe LLC & Hilldale Shopping Center	Company 401 North Segoe LLC & Hilldale Shopping Center LL			
Street address Telephone		33 Boylston Street, Suite 3000	City/State/Zip Chestnut Hill, MA 02467			
		617.405.5898	Email _chris.Boyce@wsdevelopment.com_			
Project contact person Brian Munson		rson Brian Munson	Company Vandewalle & Associates			
Street address		120 East Lakeside Street	City/State/Zip <u>Madison, WI 53715</u>			
Teleph	one	608.609.4410	Emailbmunson@vandewalle.com			
Proper	ty owner (if	not applicant)				
Street address			City/State/Zip			
Telephone			Email			
	\-		PACE F OF 9			

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



APPL	ICATION FORM (CONTINUED)					
5. Pro	oject Description					
Pro	vide a brief description of the pro	ject and all proposed uses of th	ne site:			
	Mixed Use retail, residential, hote	l, office addition to the Hilldale	Shopping Center			
Pro	posed Square-Footages by Type:					
Overall (gross): <u>See attached</u>		Commercial (net): Office (net):   Industrial (net): Institutional (net):				
Pro	posed Dwelling Units by Type (if	proposing more than 8 units):	See attached			
	Efficiency: 1-Bedroom	n: 2-Bedroom:	3-Bedroom:	4+ Bedroom:		
	Density (dwelling units per acre):	Lot Size (in	square feet & acres): _			
Pro	posed On-Site Automobile Parkii	ng Stalls by Type (if applicable):	See Attached			
	Surface Stalls:	Under-Building/Structur	red:			
Pro	posed On-Site Bicycle Parking Sta	alls by Type (if applicable): See	Attached			
	Indoor:	Outdoor:				
Sch	eduled Start Date: 2022	Planned	Completion Date:	)25		
	plicant Declarations					
□						
	Planning staff DAT		Date_	9.2.21		
	Zoning staff		Date_	9.2.21		
X	Posted notice of the proposed demolition on the <u>City's Demolition Listserv</u> (if applicable).					
	Public subsidy is being requeste	d (indicate in letter of intent)				
X	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 Alder Martin		Date_	10.4.21		
	Neighborhood Association(s) H	llfarms Neighborhood Associat	ion Date_	10.4.21		
	Business Association(s)		Date_			
The a	pplicant attests that this form is	accurately completed and all re	equired materials are s	submitted:		
Name of applicant 401 N. Segoe LLC & Hilldale Shopping Center LLC Relationship to property Owner						
	rizing signature of property owner	DocuSigned by:	Date_	10/31/2021		
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