## **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

**APPLICATION FORM** 

1. Project Information



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.

Address (list all addresses on the project site):

FOR OFFICE USE ONLY.	
Paid	Receipt #
Date received	
Received by	
☐ Original Submittal	☐ Revised Submittal
Parcel #	
Aldermanic District	
Zoning District	
Special Requirements	
Review required by	
<ul><li>□ UDC</li><li>□ Common Council</li></ul>	□ PC □ Other
Reviewed By	
PFLAUM RD.	MADISON, WI 53718
E #1	
+0	
oment - General Developi	ment Plan (PD-GDP)
oment - Specific Impleme	
h Dlan Campaignian)	•

2.	This	is an applicat	ion for (check all that apply)					
		Zoning Map An	nendment (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						
	20							
3	K							
		Demolition Per	mit					
3.	3. Applicant, Agent, and Property Owner Information							
	App	licant name	ASHLEY WIPPERFURTH	Company THE HEAD SUITES, LLC				
	Stre	et address		City/State/Zip 4914 PFLAUM RD, STE #	-1 58719			
	Tele	phone	668/770-7572	Email awidohaire gmail com				
	Proj	ect contact per	SON EDWARD KUHERSKI					
	Stre	et address	405 SIDNEY ST.	City/State/Zip 405 SIDNEY ST. MADISON	3703			
	Tele	phone	603/469-5963	Email ekuhanski e dol. com				
	Prop	erty owner (if	not applicant) TOM KLINZ	ING-969 KLINZING PROPERTIE	5			
	Stre	et address	ATA PELLUM RD.	City/State/Zip MADISON WI 53718				
	Tele	phone	608/575-6345	Email tklinzing 21 e gmail. com				
M:\P	LANNIN	G DIVISION\DEVELOPMAN	TREVIEW APPLICATION FORMS & SCHEDULES LAND USE APPLICATION FOR RD. MONON	ATION - OCTOBER 2020 PAGE  A 1W1 5371-6	5 OF 8			

## LAND USE APPLICATION - INSTRUCTIONS & FORM



APP	LICATION FORM (CONTINUED)						
5. Pa	. Project Description						
	rovide a brief description of the project and all proposed uses of the site:						
	INOR ALTERATION OF EXISTING SUITE FOR NEW USE AS HAIR STYLING-SHOP-						
5	EE LETTER OF INTENT FOR DETAILS.	LETTER OF INTENT FOR DETAILS.					
Pro	oposed Square-Footages by Type:						
=VKTIM	Commercial (net): 1240-Suff office						
-41211N(	Industrial (net): Institu	utional (net):					
Pro	oposed Dwelling Units by Type (if proposing more than 8 units):						
AN	Efficiency: 1-Bedroom: 2-Bedroom: 3-Bedroom:						
1./47	Density (dwelling units per acre): Lot Size (in square feet & acres):						
	oposed On-Site Automobile Parking Stalls by Type (if applicable):						
	Surface Stalls: 36 Under-Building/Structured: 5-4/C; 31@9! X18!  Sposed-On-Site Bicycle Parking Stalls by Type (if applicable):						
(KST) NCPRA	oposed-On-Site Bicycle Parking Stalls by Type (if applicable):						
	Indoor:Outdoor:Planned Completion Date	-/20/ 200					
Scl	neduled Start Date: 5/2/2022 Planned Completion Dat	e: 5/30/2000					
6. A	pplicant Declarations						
	<b>Pre-application meeting with staff.</b> Prior to preparation of this application, the application the proposed development and review process with Zoning and Planning Division states.						
	Planning staff COLIN PUNT, LISA MCNABOLA Zoning staff JENNY KIRCHGATTER	Date 2/1/2022					
. 7		Date 3/ 1/ 2020					
140	• •	olicable).					
0/2 0	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 neighborhood association(s), business association(s), AND the dates notices we	is required. List the alderperson,					
		3 3					
4 )	District Alder						
NY	Neighborhood Association(s)	_ Date					
NA	Business Association(s)	Date					
The	applicant attests that this form is accurately completed and all required materia	ls are submitted:					
	e of applicant ASHLEY WIPPER FURTH Relationship to pro						
( Auth	orizing signature of property owner Thomas M Ky	Date 3-11-2022					