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	3/8/23 3:11p.m.	X 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</u> Urban Design Commission (UDC) 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 accommodations 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 ntawy, 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.

APPLICATION FORM				
1. Project Information				
Address (list all addresses o	n the project site):			
Title:				
2. This is an application fo	r (check all that apply)			
Zoning Map Amendment (Rezoning) from to 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 t	o Planned Development (PD) (by Plan Commission)			
Conditional Use or Ma	ajor Alteration to an Approved Conditional Use			
Demolition Permit Other requests				
3. Applicant. Agent. and P	roperty Owner Information			
	Company			
Street address				
	Email			
Project contact person	Company			
Street address	City/State/Zip			
Telephone	Email			
Property owner (if not ap	plicant)			
Street address	Street address City/State/Zip			
Telephone	Email			

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APPLICATION FORM (CONTINUED)			
5. Project Description			
Provide a brief description of the	project and all proposed us	ses of the site:	
Droposed Savere Footoges by Tr			
Proposed Square-Footages by Ty	. Commonated (not).	Office (not	۸.
Overall (gross):	Industrial (net):	Office (net	
			al (net):
Proposed Dwelling Units by Type			
			m: 5-Bedroom:
Proposed On-Site Automobile Pa			
Surface Stalls: Under-Bu	illding/Structured: Ele		lectric Vehicle-installed¹: (e), MGO for more information
Proposed On-Site Bicycle Parking	s Stalls by Type (if applicable	e): See <u>Section 28.141(8)</u>	ide), MGO for more information
Indoor (long-term): O	utdoor (short-term):		
Scheduled Start Date:	!	Planned Completion Date: _	
6. Applicant Declarations			
Pre-application meeting with the proposed development ar			s strongly encouraged to discuss Note staff persons and date.
Planning staff		Date	e
Zoning staff			e
Posted notice of the proposed of	tion Listserv (if applicable). Date	Posted	
Public subsidy is being reque	ested (indicate in letter of in	itent)	
neighborhood and business	associations in writing no ication or any corresponde	later than 30 days prior to lence granting a waiver is re	district alder and all applicable FILING this request. Evidence equired. List the alderperson, ent.
District Alder		Date	e
Neighborhood Association(s	;)	Date	2
Business Association(s)			e
The applicant attests that this form	າ is accurately completed a	nd all required materials are	e submitted:
Name of applicant		Relationship to propert	У
Authorizing signature of property ow			