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	Initial Submittal
Paid	Revised Submittal

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 on th	ne project site):				
Title:					
2. This is an application for (c	heck all that apply)				
Zoning Map Amendment	(Rezoning) from to				
	Approved Planned Development - General Development Plan (PD-GDP)				
Major Amendment to an	Approved Planned Development - Specific Implementation Plan (PD-SIP)				
Review of Alteration to Pl	lanned Development (PD) (by Plan Commission)				
Conditional Use or Major	Alteration to an Approved Conditional Use				
Demolition Permit Other requests					
3. Applicant, Agent, and Prop	erty Owner Information				
Street address	City/State/Zip				
	Email				
Project contact person	Company				
Street address	City/State/Zip				
Telephone	Email				
Property owner (if not application	ant)				
	City/State/Zip				
Telephone	Telephone Email				

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APPLICATION FORM (CONTINUED)				
5. Project Description				
Provide a brief description of the p	project and all proposed	uses of the site:		
Proposed Square-Footages by Typ			- or	
Overall (gross):	Commercial (net):		Office (net):	
			Institutional (net):	
Proposed Dwelling Units by Type				
Efficiency: 1-Bedroom:_				
Density (dwelling units per acre			et & acres):	
Proposed On-Site Automobile Par				
Surface Stalls: Under-Bui	lding/Structured:			
Proposed On-Site Bicycle Parking	Stalls by Type (if applied	able):	on 28.141(8)(e), MGO	for more information
Indoor (long-term): Ou	tdoor (short-term):			
Scheduled Start Date:		_ Planned Complet	tion Date:	
6. Applicant Declarations				
Pre-application meeting with s the proposed development and				~
Planning staff			Date	
Zoning staff				
Posted notice of the proposed de	emolition on the <u>City's Den</u>	nolition Listsery (if appl	icable). Date Posted _	
Public subsidy is being reques	sted (indicate in letter o	f intent)		
Pre-application notification: neighborhood and business of the pre-application notific neighborhood association(s),	associations <u>in writing r</u> cation or any correspor	no later than 30 day	ys prior to FILING the waiver is required.	nis request. Evidence
District Alder			Date	
Neighborhood Association(s)			Date	
Business Association(s)			Date	
The applicant attests that this form	is accurately completed	d and all required m	naterials are submit	ted:
Name of applicant		Relationship	to property	
uithorizing signature of property own	nor		Date	