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 llarne al (608) 266-4635.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawv, 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 the project site):

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 UseDemolition PermitOther requests ______

3. Applicant, Agent, and Property Owner Information

Applicant name	_ Company					
Street address	_ City/State/Zip					
Telephone	_Email					
Project contact person	_ Company					
Street address	_ City/State/Zip					
Telephone	_Email					
Property owner (if not applicant)						
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 uses of the site:

Project is a Wyndham Echo Suites long stay hotel located in the NE corner of the existing parcel. The site will be subdivided via final plat to create a 3.4 AC lot. The site will contain a 4 story hotel with a total building height of 48.5 feet. The site will have one access to street.

Proposed Square-Footages by Type:

FIU	poseu square-ro	otages by Type.						
	Duarall (grace), 51 482 sf		Commercial (net): C		Office (net):	Office (net):		
U	Dverall (gross): <u>51,482 sf</u>	Industrial (net): Instit		Institutional (net)	tutional (net):			
Pro	posed Dwelling L	Jnits by Type (if	proposing more the	an 8 units):				
	Efficiency:	_ 1-Bedroom:	2-Bedroom:	3-Bedroom:	4 Bedroom:	5-Bedroom:		
	Density (dwelling units per acre): Lot Area (in square feet & acres):							
Proposed On-Site Automobile Parking Stalls by Type (if applicable):								
	Surface Stalls: <u>127</u> Under-Building/Structured: <u>0</u> Electric Vehicle-ready ¹ : <u>13</u> Electric Vehicle-installed ¹ : <u>4</u>							
Pro	posed On-Site Bi	cycle Parking Sta	Ills by Type (if appl	icable): ¹ See <u>Sec</u>	<u>tion 28.141(8)(e), MG</u>	O for more information		
Indoor (long-term): Outdoor (short-term): 14								
Scheduled Start Date: 9/1/2023 Planned Completion Date: 9/1/2024								
6. Ap	plicant Declara	tions						
Ø	• Incomparison of the second of the second s Second second se							
	Planning staff I					Date <u>4/14/2023</u>		
	Zoning staff				Date 4/14/2	Date 4/14/2023		
	Posted notice of the proposed demolition on the <u>City's Demolition Listserv</u> (if applicable). Date Posted							
	Public subsidy is being requested (indicate in letter of intent)							
Ø	Pre-application notification : The zoning code requires that the applicant notify the district alder and all applicable neighborhood and business associations <u>in writing no later than 30 days prior to FILING this request</u> . 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.							
		17 Alder Sabrina Ma			Date <u>3/31/2</u>			
	Neighborhood /	Association(s) <u>N/</u>	A		Date			
	Business Assoc	iation(s)_N/A			Date			
The a	pplicant attests t	hat this form is a	accurately complet	ed and all required	materials are subm	itted:		
Name of applicant <u>Jessica Vargas</u> Relationship to property <u>Project Manager</u>								
Autho	rizing signature o	f property owner	que that	ouski-Mu	Date 5	-10 - 23		

LND-A