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



Initial Submittal
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 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 projec	t site):				
Title:					
2. This is an application for (check all	l that apply)				
Zoning Map Amendment (Rezoning) from to to					
	ed Planned Development - General Development Plan (PD-GDP)				
Major Amendment to an Approve	ed Planned Development - Specific Implementation Plan (PD-SIP)				
Review of Alteration to Planned D	Development (PD) (by Plan Commission)				
Conditional Use or Major Alterati	on to an Approved Conditional Use				
Demolition Permit Oth	er requests				
3. Applicant, Agent, and Property Ov	wner Information				
	Company				
	City/State/Zip				
Telephone	Email				
Project contact person	Company				
Street address	City/State/Zip				
Telephone	Email				
Property owner (if not applicant)					
	City/State/Zip				
Telephone	Email				

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APPLICATION FORM (CONTINUED)				
5. Project Description				
Provide a brief description of the pr	oject and all propos	sed uses of the site:		
Proposed Square-Footages by Type				
Proposed Square-rootages by Type		٠١٠	Office (net):	
Overall (gross):		J·		:):
Proposed Dwelling Units by Type (if			mstitutional (net	J
Efficiency: 1-Bedroom:		•	4 Bedroom:	5-Bedroom:
Density (dwelling units per acre):				
Proposed On-Site Automobile Parki				
Surface Stalls: Under-Build	ing/Structured:	tructured: Electric Vehicle-ready¹: Electric Vehicle-installed¹:		
Proposed On-Site Bicycle Parking St	talls by Type (if appl	licable): ¹ See <u>Se</u>	ction 28.141(8)(e), MO	60 for more information
Indoor (long-term): Outc	door (short-term): _			
Scheduled Start Date:	eduled Start Date: Planned Completion Date:			
6. Applicant Declarations				
Pre-application meeting with sta the proposed development and				
Planning staff			Date	
Zoning staff				
Posted notice of the proposed den	nolition on the <u>City's D</u>	emolition Listsery (if a	pplicable). Date Posted	l
Public subsidy is being requeste	ed (indicate in letter	r of intent)		
Pre-application notification : The neighborhood and business as of the pre-application notification neighborhood association(s), but the neighborhood association (s), but the neighborhood association (s).	sociations <u>in writing</u> tion or any corresp	g no later than 30 ondence granting	days prior to FILING a waiver is required	this request. Evidence
District Alder			Date	
Neighborhood Association(s)_			Date	
Business Association(s)			Date	
The applicant attests that this form is	accurately comple	ted and all required	d materials are subm	nitted:
Name of applicant		Relationship to property		
Authorizing signature of property owne	r		Date	