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 _1/26/24 2:54	4 p.m.	Init	ial Submittal
	Paid	Rev	vised 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 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):Suite 102				
2. This is an application for (check al	l that apply)			
Zoning Map Amendment (Rezoning) from to 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				
Demolition Permit Other 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 p	roject and all proposed us	es of the site:	
Proposed Square-Footages by Type		20	(
Overall (gross):	Commercial (net):	Office	(net):
			utional (net):
Proposed Dwelling Units by Type (
			lroom: 5-Bedroom:
Density (dwelling units per acre)	: Lot	Area (in square feet & acı	res):
Proposed On-Site Automobile Park	king Stalls by Type (if appl	icable):	
Surface Stalls: Under-Build	ding/Structured: Ele		Electric Vehicle-installed¹:
Proposed On-Site Bicycle Parking S	Stalls by Type (if applicable	e): See <u>Section 28.14</u>	41(8)(e), MGO for more information
Indoor (long-term): Out	:door (short-term):		
Scheduled Start Date:	F	Planned Completion Da	te:
6. Applicant Declarations			
• • • • • • • • • • • • • • • • • • • •	• •		ant is strongly encouraged to discuss aff. Note staff persons and date.
Planning staff			Date
Zoning staff			Date
Posted notice of the proposed demolition on the <u>City's Demolition Listserv</u> (if applicable)			Date Posted
Public subsidy is being reques	ted (indicate in letter of in	tent)	
neighborhood and business a	ssociations <u>in writing no l</u> ation or any corresponde	later than 30 days prior nce granting a waiver	the district alder and all applicable r to FILING this request. Evidence is required. List the alderperson, are sent.
District Alder			Date
Neighborhood Association(s)_			Date
Business Association(s)			Date
The applicant attests that this form i	s accurately completed a	nd all required material	s are submitted:
ame of applicant Relationship to property		perty	
Authorizing signature of property own	or		Date