

LAND USE APPLICATION - INSTRUCTIONS & FORM

LND-A

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 [Subdivision Application](#). If your project requires both Land Use and Urban Design Commission (UDC) submittals, a completed [UDC Application](#) 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):

1002 Erin Street

Title: Single Family Dwelling

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 Use

Demolition Permit Other requests _____

3. Applicant, Agent, and Property Owner Information

Applicant name Greg Doyle **Company** SSM Health Wisconsin

Street address _____ **City/State/Zip** _____

Telephone (608) 250-1273 **Email** _____

Project contact person Todd Maahs **Company** Mainstay

Street address 1318 Woodvale Dr. **City/State/Zip** Madison, WI 51716

Telephone 608.698.1534 **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:

Raze the existing dwelling, execute on the required recycling and erosion control plans, and then demo and remove the waste created. The fill, green space and ground cover will all be done in accordance with City staff requirements and guidance.

Proposed Square-Footages by Type:

Overall (gross): _____ Commercial (net): _____ Office (net): _____
 Industrial (net): _____ Institutional (net): _____

Proposed Dwelling Units by Type (if proposing more than 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: _____ Under-Building/Structured: _____ Electric Vehicle-ready¹: _____ Electric Vehicle-installed¹: _____

Proposed On-Site Bicycle Parking Stalls by Type (if applicable):

Indoor (long-term): _____ Outdoor (short-term): _____

¹See [Section 28.141\(8\)\(e\), MGO](#) for more information

Scheduled Start Date: _____ Planned Completion Date: _____

6. Applicant Declarations

Pre-application meeting with staff. Prior to preparation of this application, the applicant is strongly encouraged to discuss the proposed development and review process with Zoning and Planning Division staff. Note staff persons and date.

Planning staff Date

Zoning staff Date

✓ **Posted notice of the proposed demolition on the [City's Demolition Listserv](#)** (if applicable). Date Posted

Public subsidy is being requested (indicate in letter of intent)

✓ **Pre-application notification:** The zoning code requires that the applicant notify the district alder and all applicable neighborhood and business associations **in writing no later than 30 days prior to FILING this request.** 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.

District Alder Date

Neighborhood Association(s) Date

Business Association(s) Date

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of applicant Relationship to property

Authorizing signature of property owner Greg Doyle Date 12/05/2023