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 ONL	_Y:	
Date Received1/29/24 12:00 PM		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 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 o	on the project site):			
Title:				
2. This is an application fo	r (check all that apply)			
Zoning Map Amendment (Rezoning) fromtoto				
	an Approved Planned Development - General Development Plan (PD-GDP)			
Major Amendment to	an Approved Planned Development - Specific Implementation Plan (PD-SIP)			
Review of Alteration t	to Planned Development (PD) (by Plan Commission)			
Conditional Use or M	ajor Alteration to an Approved Conditional Use			
Demolition Permit Other requests				
3. Applicant, Agent, and P	roperty Owner Information			
	Company			
Street address	City/State/Zip			
	Email			
Project contact person	Company			
Street address	City/State/Zip			
Telephone	Email			
Property owner (if not ap	plicant)			
Street address	eet address City/State/Zip			
Telephone	Email			

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APPLICATION FORM (CONTINUED)				
5. Project Description				
Provide a brief description of the proje	ect and all propose	ed uses of the site:		
Proposed Square-Footages by Type:				
Overall (groce):		:		
	Industrial (net):		Institutional (net):	
Proposed Dwelling Units by Type (if pr	roposing more tha	an 8 units):		
Efficiency: 1-Bedroom:	_ 2-Bedroom:	3-Bedroom:	4 Bedroom:	5-Bedroom:
Density (dwelling units per acre):		Lot Area (in square f	eet & acres):	
Proposed On-Site Automobile Parking	Stalls by Type (if	applicable):		
Surface Stalls: Under-Building	·			
Proposed On-Site Bicycle Parking Stall	s by Type (if appli	icable): ¹ See <u>Sect</u>	ion 28.141(8)(e), MG	O for more information
Indoor (long-term): Outdoo	or (short-term):			
Scheduled Start Date:		Planned Comple	etion Date:	
6. Applicant Declarations				
Pre-application meeting with staff.		• •		
the proposed development and rev				
Planning staff			Date	
Zoning staff			Date	
Posted notice of the proposed demoli	ition on the <u>City's De</u>	emolition Listserv (if app	olicable). Date Posted	
Public subsidy is being requested	(indicate in letter	of intent)		
Pre-application notification : The anneal neighborhood and business associon of the pre-application notification neighborhood association(s), business	ciations <u>in writing</u> n or any corresp	<mark>no later than 30 da</mark> ondence granting 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 ac	curately complet	ed and all required	materials are subm	itted:
Name of applicant		Relationshi	p to property	
Authorizing signature of property owner			Date 01/2	