

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):

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 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 PO Box 481 City/State/Zip Stoughton, WI 53589

Telephone 608-692-0821 Email _____

APPLICATION FORM (CONTINUED)

5. Project Description

Provide a brief description of the project and all proposed uses of the site:

Zoning map amendment and demolition of existing structures

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): 16,171 SF / 0.382 Acres

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

Surface Stalls: Under-Building/Structured: Electric Vehicle-ready: Electric Vehicle-installed:

Proposed On-Site Bicycle Parking Stalls by Type (if applicable): See Section 28.141(8)(e), MGO for more information

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

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 Colin Punt Date 10/29/2024

Zoning staff Jacob Moskowitz Date 10/29/2024

Posted notice of the proposed demolition on the City's Demolition Listserv (if applicable). Date Posted 12/23/24

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 Alder Latimer-Burris Date 12/23/24

Neighborhood Association(s) Carpenter-Ridgeway Neighborhood Association Date 12/23/24

Business Association(s) Date

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

Name of applicant Travis Fauchald Relationship to property Developer

Authorizing signature of property owner [Signature] Date 12/26/24