

- The follow Commissi should be
- · Before fili regarding
- Please rea required
- This app www.city
- All Land Zoning Ad

| LAND USE APPLICATION Madison Plan Commissio | | Amt. Paid 650 Receipt No. /325/9 |
|---|----------------|--|
| 215 Martin Luther King Jr. Blvd; Room LL-10 PO Box 2985; Madison, Wisconsin 53701-298 Phone: 608.266.4635 Facsimile: 608.267.8 | 85 | Date Received 6/8/17 Received By 77/9 - 262 - 1110 - 6 |
| The following information is required for all application Commission review except subdivisions or land division should be filed with the <u>Subdivision Application</u>. | ons, which | Aldermanic District 13 Swe F. Minason GQ OT Zoning District R2 |
| Before filing your application, please review the interegrating the LOBBYING ORDINANCE on the first | | For Complete Submittal Application Letter of |
| Please read all pages of the application completely an required fields. | nd fill in all | IDUP A (A Legal Descript. |
| This application form may also be completed www.cityofmadison.com/planning/plan.html | online at | Plan Sets Zoning Text NA |
| All Land Use Applications should be filed directly Zoning Administrator. | with the | Alder Notification 3/15/Walver Ngbrhd. Assn Not. Waiver Date Sign Issued |
| 1. Project Address: 911 Midland St., Madison, W | /I 53715 | Project Area in Acres: 0.11 |
| Project Title (if any): | | |
| 2. This is an application for: | | |
| Zoning Map Amendment (check the appropriate box(es | s) in only one | e of the columns below) |
| ☐ Rezoning to a <u>Non</u> -PUD or PCD Zoning Dist.: | : Rezon | ing to or Amendment of a PUD or PCD District: |
| Existing Zoning: to | □ E | x. Zoning: to PUD/PCD-GDP |
| Proposed Zoning (ex: R1, R2T, C3): | _ 🗆 🗈 | x. Zoning: to PUD/PCD-SIP |
| | _ | mended Gen. Dev. Amended Spec. Imp. Plan |
| ☐ Conditional Use ☑ Demolition Permit | | Other Requests (Specify): |
| 3. Applicant, Agent &Property Owner Infor | | |
| Applicant's Name: Michael Heifetz | Co | mpany: Dean Clinic |
| | City/State: | Madison, WI Zip: 53713 |
| Telephone: (608) 250-1225 Fax: (608) 250-7 | | |
| Project Contact Person: Same as applicant | Co | ompany: |
| Street Address: | _ City/State | : Zip: |
| Telephone: () Fax: () | | Email: |
| Property Owner (if not applicant): Dean Health Systems, I | Inc. | |
| Street Address: 1808 W. Beltline Highway | _ City/State | Madison, WI Zip: 53713 |
| 4. Project Information: | | |
| Provide a brief description of the project and all propo | osed uses o | f the site: |
| Home was in disrepair when purchased 7/2011. Looking | ng to demo | lish the residence and not replace. |
| Development Schedule: Commencement July/August | t/Septembe | r Completion August/September |



| | Required Submittals: |
|---------------------|---|
| | Plans submitted as follows below and depicts all lot lines; existing, altered, demolished or proposed buildings; |
| ш | parking areas and driveways; sidewalks; location of any new signs; existing and proposed utility locations; building elevations and floor plans; landscaping, and a development schedule describing pertinent project details: |
| | • 7 copies of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded) |
| | • 7 copies of the plan set reduced to fit onto 11 inch by 17 inch paper (collated, stapled and folded) |
| _/ | • 1 copy of the plan set reduced to fit onto 8 ½ inch by 11 inch paper |
| | Letter of Intent (12 copies): describing this application in detail including, but not limited to: existing conditions and uses of the property; development schedule for the project; names of persons involved (contractor, architect, landscaper, business manager, etc.); types of businesses; number of employees; hours of operation; square footage or acreage of the site; number of dwelling units; sale or rental price range for dwelling units; gross square footage of building(s); number of parking stalls, etc. |
| V | Legal Description of Property: Lot(s) of record or metes and bounds description prepared by a land surveyor. For any application for rezoning, the description must be submitted as an electronic word document via CD or e-mail. For applications proposing rezoning to more than one district, a separate description of each district shall be submitted. |
| 1 | Filing Fee: $\$ \frac{500}{}$ See the fee schedule on the application cover page. Make checks payable to: City Treasurer. |
| | Electronic Submittal: All applicants are required to submit copies of all items submitted in hard copy with their application (including this application form, the letter of intent, complete plan sets and elevations, etc.) as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or in an e-mail sent to pcapplications@cityofmadison.com . The e-mail shall include the name of the project and applicant. Applicants unable to provide the materials electronically should contact the Planning Division at (608) 266-4635 for assistance. |
| In | Addition, The Following Items May Also Be Required With Your Application: |
| | For any applications proposing demolition or removal of existing buildings, the following items are required: |
| | Prior to the filing of an application, the applicant or his/her agent is required to notify a list of interested persons registered with the City 30 or 60 days prior to filing their application using the online notification tool found at: https://www.cityofmadison.com/developmentCenter/demolitionNotification/ |
| | A photo array (6-12 photos) of the interior and exterior of the building(s) to be demolished or removed. A written assessment of the condition of the building(s) to be demolished or removed is highly recommended. |
| | |
| | Note: A Reuse and Recycling Plan approved by the City's Recycling Coordinator is required prior to issuance of weeking permits and the start of construction. |
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Dean Clinic Demolition Permit Application 911 Midland St, Madison WI 53715 Letter of Intent June 7, 2012

To whom it may concern,

Dean Clinic is seeking a permit to demolish the single family residence home at 911 Midland St. Our plan is to remove the structure and plant grass. No further development or replacement is planned at this time.

Dean Clinic purchased this home in July of 2011. At the time of purchase, the house was in exceptionally poor repair. We have spoken to the Alder (District 13 Susan Ellingson) who is in agreement and recommends demolishing the building. We have also received a letter from South Police District Captain Joseph Balles stating, "I am contacting you to indicate my support for a permit to remove this structure. The structure is in need of a tremendous amount of work and significantly contributes to the overall "blight" of this particular neighborhood." Copies of this correspondence are included with the application.

We have not selected which vendor we will be using for the demolition work, but have narrowed it to three potential candidates:

Harmony Construction Clayton Ent. LLC DCI DeConstruction, Inc.

For any necessary environmental/abatement work we anticipate using A&A Environmental, Inc.

Best Regards,

Ty Weimer, M.B.A. | Senior Business Analyst

Dean Clinic - Corporate Office

Decision Support 1808 W Beltline Hwy Madison, WI 53713

Phone 608.250.1547 | TL 540 | Fax 608.250.1020

ty.weimer@deancare.com | www.deancare.com

























