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



All Land Use Applications must be filed with the Zoning Office at the above address.

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 found on the City's web site. (http://www.cityofmadison.com/development-services-center/documents/SubdivisionApplication.pdf)

Paid \$ 600 - Receipt # 03 9864 - 0006
Date received $9-5-19$
Received by
☐ Original Submittal ☐ Revised Submittal
Parcel # 07 0 0523.5017
Aldermanic District 6 - RUMMEL
Zoning District <u>(R-V2</u>
Special Requirements OK
Review required by
□ UDC 🛕 PC
☐ Common Council ☐ Other
Reviewed By
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Committee of the commit
ER, MADISON, WI 53714

APPLICATION FORM

L. Pr	L. Project Information		
Ac	Address: 309 CLYDE GALLAGHER, MADISON, WI 53	714	
	Title: CONDITIONAL USE TO USE APARTMENT AS MANAGEN		
2. Th	2. This is an application for (check all that apply)		
	☐ Zoning Map Amendment (Rezoning) fromtoto		
	■ Major Amendment to an Approved Planned Development-General Development Plan (PD-GDP) Zoning		

□ Major Amendment to an Approved Planned Development-General Development Plan (PD-GDP) Zoning
 □ 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

☐ Other reque	sts	
3. Applicant, Agen	t and Property Owner Information	read as the authorized terms of the rate in
Applicant name	RODNEY TAPP	Company MERIDIAN GROVP, INC.
Street address	P.O. BOX 620800	City/State/Zip MIDD/EJON, WI 53562-080
Telephone	608-836-2929	Email RTAPPEZMERIDIAN. COM
Project contact p	erson RODNBY TAPP	Company SAME
Street address		City/State/Zip
Telephone		Email
Property owner (if not applicant) FUTURE M	ADISON EASTPOINTE, LLC
Street address	P. O. Buy 620800	City/State/Zip MIDD/STON, WI 53562-0800
Tolonhone	608-83b-2929	Fmail RTANGEZMERIDIAN, COM

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APPLICATION FORIVI (CONTINUED)				
5. Project Description				
Provide a brief description of the project and all proposed uses of the site:				
2 BEDROOM APARTMENT LOCATED IN A EIGHT UNIT BUILDIN				
USED AS THE MANAGEMENT OFFICE FOR MEETINGPENTS LEAR				
Proposed Dwelling Units by Type (if proposing more than 8 units):				
Efficiency: 1-Bedroom: 2-Bedroom: 3-Bedroom: 4+ Bedroom:				
Density (dwelling units per acre): Lot Size (in square feet & acres):				
Proposed On-Site Automobile Parking Stalls by Type (if applicable):				
Surface Stalls: Under-Building/Structured:				
Proposed On-Site Bicycle Parking Stalls by Type (if applicable):				
Indoor: WA Outdoor: W/A				
Scheduled Start Date: W/A Planned Completion Date: M/A				
6. Applicant Declarations				
Pre-application meeting with staff. Prior to preparation of this application, the applicant is strongly encouraged to the proposed development and review process with Zoning and Planning Division staff. Note staff persons and da				
Planning staff Sydney Prusax Date 3/27/19 Zoning staff 5006 Moskowite Date 3/27/19				
Demolition Listserv (https://www.cityofmadison.com/developmentCenter/demolitionNotification/notificationForm.cfm).				
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 MARSHA RUMMEL Date 3/28/2019				
Neighborhood Association(s) WAIVED BY ALDER Date				
Neighborhood Association(s) WA) VED BY ALDER Date Date				
The applicant attests that this form is accurately completed and all required materials are submitted:				
Name of applicant Roomen Tapp Relationship to property AGENT				
Authorizing signature of property owner				