## 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



FOR OFFICE USE ONLY:				
Paid # 600 Receipt # 92067-0005				
Date received <u>6/12/19</u>				
Received by PDA				
Original Submittal   Revised Submittal				
Parcel # 0709-134-1011-7				
Aldermanic District 6 RUMMIEC				
Zoning District <u>TE</u>				
Special Requirements				
Review required by				
□ UDC □ PC				
☐ Common Council ☐ Other				
Reviewed By				

Wadison, WI 53/UI-2985	Received by 1071		
(608) 266-4635	Original Submittal		
(Proc. St. St. St. St. St. St. St. St. St. St	Parcel # 0709-134-1011-7		
All Land Use Applications must be filed with the	Aldermanic District 6 RUMMEC		
Zoning Office at the above address.	Zoning District 76		
This completed form is required for all applications	Special Requirements		
for Plan Commission review except subdivisions or land divisions, which should be filed using the	Review required by		
Subdivision Application found on the City's web site.			
(http://www.cityofmadison.com/development-services-	☐ Common Council ☐ Other		
center/documents/SubdivisionApplication.pdf	Reviewed By		
	Neviewed by		
APPLICATION FORM			
1. Project Information			
	1ADISON, WI 53703		
Title: WEDDING/EVENT VENU	E		
2. This is an application for (check all that apply)			
■ Zoning Map Amendment (Rezoning) from	to		
	elopment-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 Approx	ved Conditional Use		
■ Demolition Permit			
Other requests			
3. Applicant, Agent and Property Owner Information	on		
Applicant name MATTHEW TILLS			
	TEA City/State/Zip MADISON, WI 53715		
	Email Matta Motisarch.com		
	Company		
	/City/State/Zip		
Telephone 608 - 170 - 4020	Email <u>eric @ eric welch pointing.com</u>		
Property owner (if not applicant)			
Street address	City/State/Zip		
Telephone	Email		
M:\PLANNING DIVISION\COMMISSIONS & COMMITTEES\PLAN COMMISSION\ADMINISTRATION\.	APPLICATION - MARCH 2019 PAGE 3 OF		

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APPLIC	CATION FORM (CONTINUED)			
<b>5. Pro</b> j	ect Description			
Prov	ide a brief description of the project and all proposed uses of the site:			
	FEKING CONDITIONAL USE FOR REMODEL AND ADDITION TO EXISTING			
WAR	EHOUSE FOR USE AS WEDDING/ENEWY VENUE. PLARKING REDUCTION AND OUT	2004		
Prop	EMAISE FOR USE AS WEDDING/ENENT VENUE. PARKING REDUCTION AND OUT OSEED DWElling Units by Type (if proposing more than 8 units):			
E	:fficiency: 1-Bedroom: 2-Bedroom: 3-Bedroom: 4+ Bedroom:			
[	Density (dwelling units per acre): Lot Size (in square feet & acres):			
Prop	osed On-Site Automobile Parking Stalls by Type (if applicable):			
5	surface Stalls: Under-Building/Structured:			
	osed On-Site Bicycle Parking Stalls by Type (if applicable):			
ı	ndoor: Outdoor:			
	duled Start Date: OCTOBER 2019 Planned Completion Date: APRIL 2020			
Scrie	duled Start Date			
6. Арр	licant Declarations			
	Pre-application meeting with staff. Prior to preparation of this application, the applicant is strongly encouraged to disc	uss		
	the proposed development and review process with Zoning and Planning Division staff. Note staff persons and date.			
	Planning staff MATT TOCKER 4 (HOLS WELLS Date 3/12/19			
	Planning staff MATT TOCKER & CHRIS WELLS Date 3/12/19  Zoning staff DENNY Kirchgafter & DANINE GLASER Date 6/4/19			
	Demolition Listserv (https://www.cityofmadison.com/developmentCenter/demolitionNotification/notificationForm.cfm).			
	Public subsidy is being requested (indicate in letter of intent)			
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 4/9/19			
	Neighborhood Association(s) Date			
	Business Association(s) Date			
The ap	olicant attests that this form is accurately completed and all required materials are submitted:			
Name o	of applicant MATHEW TILLS Relationship to property ARCHITECT			
Author	ring signature of property owner Relationship to property ARCHITECT Date			
	/ / / /			