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		_ Re	_ Receipt #		
Dat	e received				
Rec	eived by				
	Original Submittal		Revised Submittal		
Parc	cel #				
Rev	iew required by				
	UDC		PC		
	Common Council		Other		
Revi	iewed By				

FOR OFFICE USE ONLY:

APPLICATION FORM

1. Project Information	1.	Pro	ject	Inf	orr	na	tion
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Address: 1313 Fish Hatchery Road, Madison, WI 53715

Title: SSM Health Fish Hatchery Campus West Redevelopment

2.	This is	an app	lication	for (check	all	that	annly
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Ø	Zoning Map Amendment (Rezoning) from TR-C2 to CC-T
	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

3. Applicant, Agent and Property Owner Information

Applicant name Damond Boatwright, SSM Hea		th Company SSM Health		
Street address 1808 West Beltline Hwy.		City/State/Zip Madison, WI 53713		
Telephone 608-260-3505		Email Damond.Boatwright@ssmhealth.com		
Project contact pe	erson Melissa Huggins	_ Company Urban Assets, LLC		
Street address 807 E. Johnson Street		City/State/Zip 608-819-6566		
Telephone	608-819-6566	Email melissa@urbanassetsconsulting.com		
Property owner (i	f not applicant) SSM Health Dean M	edical Group		
Street address	1313 Fish Hatchery Road	_ City/State/Zip Madison, WI 53715		
Telephone	608-260-3505	_ Email _Damond.Boatwright@ssmhealth.com		

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APPLICATION FORM (CONTINUED)

5. Pro	oject Description						
Pro	ovide a brief description of the project and all proposed uses of the site:						
17	179,640 SF new Medical Clinic and associated Parking Lot (West of South Street) to include continuation of existing						
sei	services, orthopedics plus rehab, cancer services, and cafe. Fourth floor (32,137 SF) will be shelled for future needs.						
Pro	posed Dwelling Units by Type (if proposing more than 8 units):						
	Efficiency: 1-Bedroom: 2-Bedroom: 3-Bedroom	m: 4+ Bedroom:					
	Density (dwelling units per acre): Lot Size (in square feet &	acres):					
Pro	posed On-Site Automobile Parking Stalls by Type (if applicable):						
	Surface Stalls: 246 Under-Building/Structured:	·					
Pro	posed On-Site Bicycle Parking Stalls by Type (if applicable):						
	Indoor: Outdoor: _50						
Sch	eduled Start Date: March-April, 2020 Planned Completion D	Pate: November, 2022					
6. Ap	plicant Declarations						
Ø	Pre-application meeting with staff. Prior to preparation of this application, the application meeting with staff. Prior to preparation of this application, the application proposed development and review process with Zoning and Planning Division	olicant is strongly encouraged to discuss a staff. Note staff persons and date.					
	Planning staff Kevin Firchow	Date _June 26, 2019					
	Zoning staff _ Matt Tucker	Date June 26, 2019					
Ø	Demolition Listserv (https://www.cityofmadison.com/developmentCenter/demolition	nNotification/notificationForm.cfm).					
Ø	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 Tag Evers, District 13 (Also sent to Sheri Carter, District 14)	_ Date_November 1, 2019					
	Neighborhood Association(s) Greenbush Neighborhood Assn.	Date_November 1, 2019					
	Business Association(s)	Date					
	oplicant attests that this form is accurately completed and all required material of applicant Damond Boatwright, Som Health	als are submitted:					
	rizing signature of property owner	Date 10/11/19					