

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:

Paid \$1250 Receipt # 98558-0005
Date received 12/18/19
Received by PDA
Original Submittal Revised Submittal
Parcel # 0709-263-0105-6 + ADD'L
Aldermanic District 13 - EVERS
Zoning District CC-T + TR-C2
Special Requirements
Review required by
UDC PC
Common Council Other
Reviewed By

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)

APPLICATION FORM

1. Project Information

Address: 1313 South Street, Madison, WI 53715

Title: SSM Health Fish Hatchery Campus East Redevelopment

2. This is an application for (check all that apply)

- 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 Health 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 person 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 (if not applicant) SSM Health Dean Medical Group
Street address 1313 Fish Hatchery Road City/State/Zip Madison, WI 53715
Telephone 608-260-3505 Email Damond.Boatwright@ssmhealth.com

APPLICATION FORM (CONTINUED)

5. Project Description

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

Parking Lot (East of South Street) associated with the 179,640 SF new SSM Health Medical Clinic to be built at 1313 Fish Hatchery Road.

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: 274 Under-Building/Structured: \_\_\_\_\_

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

Indoor: \_\_\_\_\_ Outdoor: 50

Scheduled Start Date: March-April, 2020 Planned Completion Date: November, 2022

6. Applicant Declarations

[X] 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 Kevin Firchow Date June 26, 2019

Zoning staff Matt Tucker Date June 26, 2019

[X] Demolition Listserv (https://www.ci.yolmadison.com/developmentCenter/demolitionNotification/notificationform.cfm).

[ ] Public subsidy is being requested (indicate in letter of intent)

[X] 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 \_\_\_\_\_

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

Name of applicant Damond Boatwright SSM Health Relationship to property Regional President

Authorizing signature of property owner [Signature] Date 12/17/19