



Department of Planning & Community & Economic Development

## Planning Division

Heather Stouder, Director

215 Martin Luther King Jr. Boulevard

P.O. Box 2985

Madison, Wisconsin 53701-2985

Phone: (608) 266-4635

Fax (608) 267-8739

[www.cityofmadison.com](http://www.cityofmadison.com)

October 20, 2020

Justice Roe  
Giant Panther, LLC  
414 Pawling Street, Apt. #3  
Madison, WI 53704

RE: Legistar #62090; Accela ID: 'LNDUSE-2020-00100' -- Approval of a conditional use for a service business (tattoo shop) in a multi-family building in the Industrial Limited (IL) Zoning District at 1882 E Main Street.

Dear Mr. Roe,

At its October 19, 2020 meeting, the Plan Commission, meeting in regular session, found the standards met and approved your conditional use request to convert a tenant space in a multi-tenant building into a service business (tattoo shop) in the Industrial Limited (IL) Zoning District at 1882 E Main Street. In order to receive final approval of the conditional use, and for any permits to be issued for your project, the following condition shall be met:

**Please contact Bill Sullivan of the Fire Department at (608) 261-9658 if you have any questions regarding the following item:**

1. Ensure addressing complies with City of Madison General Ordinances and is approved by City Engineering. Addresses shall be posted in accordance with MGO and the IFC.

**Specific questions regarding the comments or conditions contained in this letter should be directed to the commenting agency.**

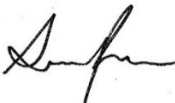
**Please now follow the procedures listed below for obtaining your conditional use:**

1. After the plans have been revised per the above conditions, please resubmit a PDF copy of the complete, fully dimensioned, and to-scale plans, the appropriate site plan review application and fee pursuant to Section 28.206 of the Zoning Code, and any other documentation requested herein with the Zoning Administrator ([zoning@cityofmadison.com](mailto:zoning@cityofmadison.com)). Note that the 20MB email limit still applies. Please mail the check, made out to "City Treasurer", for the site plan review fee to the following address: City of Madison Building Inspection P.O. Box 2984 Madison, WI 53701-2984. Include a cover page with the check, which includes the project address, brief description of the project, and contact information.

2. This property is not within a wellhead protection district. All wells located on this property shall be abandoned if no valid well operation permit has been obtained from the Madison Water Utility.
3. This letter shall be signed by the applicant to acknowledge the conditions of approval and returned to the Zoning Administrator when requesting conditional use approval.
4. A conditional use approval is valid for two (2) years from the date of the Plan Commission approval. During this time, the applicant must either lawfully commence the use or obtain a building permit and begin erecting the building. If the applicant obtains a valid building permit, construction must commence within six (6) months of the date of issuance. The building permit shall not be renewed unless construction has commenced as is being diligently prosecuted. Where the plans have not been altered from the Plan Commission's approval, and the conditional use has expired, the Director of Planning and Community and Economic Development may, after consultation with the Alderperson of the District, approve an extension for up to twelve (12) months from the expiration date.
5. Any alteration in plans for a proposed alternative use shall require Plan Commission approval, except for minor alterations. The Zoning Administrator may issue permits for minor alterations or additions which are approved by the Director of Planning and Community and Economic Development and are compatible with the concept approved by the City Plan Commission and the conditional use approval standards.
6. The Plan Commission retains continuing jurisdiction over all conditional uses for the purpose of resolving complaints against all previously approved conditional uses.

If you have any questions regarding obtaining your conditional use or building permits, please contact the Zoning Administrator at (608) 266-4551. If you have any questions or if I may be of any further assistance, please do not hesitate to contact my office at [sprusak@cityofmadison.com](mailto:sprusak@cityofmadison.com).

Sincerely,



Sydney Prusak, AICP  
Planner

I hereby acknowledge that I understand and will comply with the above conditions of approval for the conditional use permit.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Property Owner (if not the applicant)*

cc: Bill Sullivan, Fire Department  
Jeffrey Quamme, Engineering Division – Mapping Section  
Jacob Moskowitz, Zoning

| For Official Use Only, Re: Final Plan Routing |                        |                                     |                          |
|---|------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/>           | Planning Div. (Prusak) | <input checked="" type="checkbox"/> | Engineering Mapping Sec. |
| <input checked="" type="checkbox"/>           | Zoning Administrator   | <input type="checkbox"/>            | Parks Division           |
| <input type="checkbox"/>                      | City Engineering       | <input checked="" type="checkbox"/> | Urban Design Commission  |
| <input type="checkbox"/>                      | Traffic Engineering    | <input type="checkbox"/>            | Recycling Coord. (R&R)   |
| <input checked="" type="checkbox"/>           | Fire Department        | <input type="checkbox"/>            | Metro Transit            |
| <input type="checkbox"/>                      | Water Utility          | <input type="checkbox"/>            | Forestry                 |