

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 \_\_\_\_\_ Receipt # \_\_\_\_\_

Date received \_\_\_\_\_

Received by \_\_\_\_\_

Original Submittal       Revised Submittal

Parcel # \_\_\_\_\_

Aldermanic District \_\_\_\_\_

Zoning District \_\_\_\_\_

Special Requirements \_\_\_\_\_

Review required by \_\_\_\_\_

UDC                                       PC

Common Council                       Other \_\_\_\_\_

Reviewed By \_\_\_\_\_

**All Land Use Applications must be filed with the Zoning Office. Please see the revised submittal instructions on Page 1 of this document.**

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](#).

## APPLICATION FORM

### 1. Project Information

Address (list all addresses on the project site): \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

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

- Zoning Map Amendment (Rezoning) from \_\_\_\_\_ to \_\_\_\_\_
- Major Amendment to an Approved Planned Development - General Development Plan (PD-GDP)
- 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** \_\_\_\_\_ **Company** \_\_\_\_\_

Street address \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

Telephone \_\_\_\_\_ **Email** \_\_\_\_\_

**Project contact person** \_\_\_\_\_ **Company** \_\_\_\_\_

Street address \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

Telephone \_\_\_\_\_ **Email** \_\_\_\_\_

**Property owner (if not applicant)** \_\_\_\_\_

Street address \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

Telephone \_\_\_\_\_ **Email** \_\_\_\_\_

APPLICATION FORM (CONTINUED)

5. Project Description

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

\_\_\_\_\_

Proposed Square-Footages by Type:

Overall (gross): \_\_\_\_\_ Commercial (net): \_\_\_\_\_ Office (net): \_\_\_\_\_  
Industrial (net): \_\_\_\_\_ Institutional (net): \_\_\_\_\_

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: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

6. Applicant Declarations

**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 \_\_\_\_\_ Date \_\_\_\_\_  
Zoning staff \_\_\_\_\_ Date \_\_\_\_\_

**Posted notice of the proposed demolition on the [City's Demolition Listserv](#)** (if applicable).

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 \_\_\_\_\_ Date \_\_\_\_\_  
Neighborhood Association(s) \_\_\_\_\_ Date \_\_\_\_\_  
Business Association(s) \_\_\_\_\_ Date \_\_\_\_\_

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

Name of applicant \_\_\_\_\_ Relationship to property \_\_\_\_\_

Authorizing signature of property owner \_\_\_\_\_ Date \_\_\_\_\_

