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



FOR OFFICE USE ONLY:		
Date Received _6/26/25 1:15 p.m.		☐ Initial Submittal
	Paid	Revised Submittal

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 <u>Subdivision Application</u>. If your project requires both Land Use <u>and</u> Urban Design Commission (UDC) submittals, a completed <u>UDC Application</u> and accompanying submittal materials are also required to be submitted.

If you need an interpreter, translator, materials in alternate formats or other accommodations to access these forms, please call the Planning Division at (608) 266-4635.

Si necesita interprete, traductor, materiales en diferentes formatos, u otro tipo de ayuda para acceder a estos formularios, por favor llame al (608) 266-4635.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawv, los sis xav tau cov ntaub ntawv ua lwm hom ntawv los sis lwm cov kev pab kom paub txog cov lus qhia no, thov hu rau Koog Npaj (Planning Division) (608) 266-4635.

APPLICATION FORM							
1. Project Information							
Address (list all add	dresses on the project site):						
Title: 124 State St	Zoning Map Amendment						
2. This is an application for (check all that apply)							
Zoning Map Amendment (Rezoning) from Planned Development to Downtown Core							
	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 U	se or Major Alteration to an A	Approved Conditional Use					
☐ Demolition Permit ☐ Other requests							
3. Applicant. Agent	, and Property Owner Info	rmation					
		Company JD McCormick Properties					
Street address	101 N Mills St	City/State/Zip Madison, WI 53715					
Telephone	720-560-3640	Email					
Project contact pe	rson Colin Smith	Company JD McCormick Properties					
Street address	101 N Mills St	City/State/Zip Madison, WI 53715					
Telephone	720-560-3640	Email					
Property owner (if not applicant)							
Street address	Street address City/State/Zip						
Telephone		Email					

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APPLICATION FORM (CONTINUED)

	ct Description					
Provid	e a brief description of the pro	oject and all proposed uses	of the site:			
				owntown Core, as it is now being leased to		
Singles	stitch Madison, a retail tenant con	itinuing operations without con	struction or change	es.		
Propos	sed Square-Footages by Type:	:				
Overall (gross):				Office (net):		
	Crail (8: 033).	Industrial (net): I		Institutional (net):		
Propos	sed Dwelling Units by Type (if	proposing more than 8 uni	ts):			
Effi	iciency: 1-Bedroom:	4 Bedroom: 5-Bedroom:				
De	Density (dwelling units per acre): Lot Area (in square feet & acres):					
Propos	sed On-Site Automobile Parki	ng Stalls by Type (if applica	ble):			
Sur	Surface Stalls: Under-Building/Structured: Electric Vehicle-ready¹: Electric Vehicle-installed¹:					
Propos	Proposed On-Site Bicycle Parking Stalls by Type (<i>if applicable</i>): 1 See <u>Section 28.141(8)(e), MGO</u> for more information					
Ind	door (long-term): Outd	loor (short-term):				
Schedu	uled Start Date:	Pla	nned Completio	n Date:		
	cant Declarations					
∠ Pi	re-application meeting with sta		• •	applicant is strongly encouraged to discussion staff. Note staff persons and date.		
Pl	Planning staff Tim Parks			Date		
Zo	Zoning staff Tim Parks					
□ Pc				ble). Date Posted		
☐ Pi	ublic subsidy is being requeste	ed (indicate in letter of inter	nt)			
no of	eighborhood and business ass	sociations <u>in writing no late</u> tion or any correspondence	er than 30 days e granting a wa	ptify the district alder and all applicable prior to FILING this request. Evidence liver is required. List the alderperson, es were sent.		
D	District Alder Alder Verveer		Date May 9th, 2025			
	Neighborhood Association(s) Mansion Hill Neighborhood					
	Business Association(s) Madison's Central Business Improvement District					
The appl	licant attests that this form is	accurately completed and	all required mat	terials are submitted:		
Name of a	applicant Colin Smith		_ Relationship to	o property Owner		
Authorizi	ng signature of property owne	Colin Smith		Date 6/26/25		