



Department of Planning & Development  
**Planning Unit**

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

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May 2, 2005

Tom Bethea  
5117 West Terrace Drive  
Madison WI 53718

SUBJECT: 317 Knutson Drive – 402 Troy Drive

Dear Mr. Bethea:

The Plan Commission, at its May 2, 2005 meeting, determined that the conditional use standards could be met subject to the conditions below for a conditional use for a wireless communication (phone) tower on the Mendota Mental Health Center property located at 317 Knutson Drive – 402 Troy Drive.

In order to receive final approval of your proposal, the following conditions must be met:

**Please contact John Lippett, of the Madison Fire Department at 266-4484 if you have questions regarding the following two items:**

1. The Madison Fire Department does not object to this proposal provided the project complies with all applicable fire codes and ordinances. Additional comments and/or requirements may be noted upon review of the final building plans.
2. Fire detection and/or automatic fire suppression systems are/may be required. Ensure contractors submit applications for installation permits along with plans for all fire protection and/or life safety systems of the Fire Department prior to installation.

Approval of this proposal does not include any approval to prune, remove or plant trees in the public right-of-way. Permission for such activities must be obtained from the City Forester, 266-4816. The trees shown in the street rights-of-way shall not be shown on the sign-off plan or construction plans unless they have previously been approved by the City Forester. If these are existing trees or species and locations that have been approved by the Forester, they shall be so labeled on plans.

Please follow the procedures listed below to receive your conditional use approval.

1. Please revise plans per the above conditions and submit two (2) sets of the final site plans (including drainage and landscaping plans) to the Zoning Administrator. Any of these agencies may call you to request additional information or to resolve problems.

2. This letter shall be signed by the applicant to acknowledge the conditions of approval and returned to the Zoning Administrator when requesting cover sheet approval.
3. No alteration of this proposal shall be permitted unless approved by the City Plan Commission provided, however, the Zoning Administrator may issue permits for minor alterations. This approval shall become null and void one year after the date of Plan Commission approval unless the use is commenced, construction is under way, or a valid building permit is issued and construction commenced within six months of the date of issuance of the building permit. See Sec. 2812(11)(h)(3), Madison General Ordinances. The Plan Commission shall retain jurisdiction over this matter for the purpose of resolving complaints against this approved conditional use.

**IF YOU HAVE ANY QUESTIONS REGARDING OBTAINING YOUR BUILDING PERMIT OR OCCUPANCY PERMIT, PLEASE CALL KATHY VOECK OF THE CITY ZONING STAFF AT 266-4551.**

Sincerely,

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

**Bill Roberts**  
Planning & Development

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Applicant

Zoning

cc: Buell Consulting (2720 N. Dayton St., Unit B, Chicago IL 60614)  
State of Wisconsin, Dept. of Health and Family Services (1 W. Wilson St., Madison WI 53703)