LAND USE APPLICATION
Madison Plan Commission

215 Martin Luther King Jr. Blvd; Room LL-100
PO Box 2985; Madison, Wisconsin 53701-2985
Phone: 608.266.4635 | Facsimile: 608.267.8739

- The following information is required for all applications for Plan Commission review.
- Please read all pages of the application completely and fill in all required fields.
- This application form may also be completed online at www.cityofmadison.com/planning/plan.html
- All zoning application packages should be filed directly with the Zoning Administrator's desk.
- All applications will be reviewed against the applicable standards found in the City Ordinances to determine if the project can be approved.

FOR OFFICE USE ONLY:

Amt. Paid $500.00 Receipt No. 71041
Date Received 5-24-06
Received By KOW
Parcel No. 0709-221-0101-2
Aldermanic District 08 - Austin King
GQ ok
Zoning District R-6

For Complete Submittal

Application ✓ Letter of Intent ✓
IDUP N/A Legal Descript. ✓
Plan Sets ✓ Zoning Text NA
Alder Notification _____ *Waiver* ✓
Ngbrhd. Assn Not. _____ *Waiver* _____
Date Sign Issued _____

1. Project Address: 1127 Univ. Ave **Project Area in Acres:** N/A less than 1 acre

Project Title (if any): Three Squares Cafe Remodel

2. This is an application for: (check at least one)

☒ **Zoning Map Amendment** *(check only ONE box below for rezoning and fill in the blanks accordingly)*

☐ *Rezoning from* _____ *to* _____ ☐ *Rezoning from* _____ *to PUD/ PCD–SIP*

☐ *Rezoning from* _____ *to PUD/ PCD–GDP* ☐ *Rezoning from PUD/PCD–GDP to PUD/PCD–SIP*

☒ **Conditional Use** ☐ **Demolition Permit** ☐ **Other Requests** *(Specify)*: _____

3. Applicant, Agent &Property Owner Information:

Applicant's Name: Phil Kollmeyer Company: _____
Street Address: 1127 University Ave City/State: Madison, WI Zip: 53703
Telephone: (608) 257-1039x3 Fax: ( ) _____ Email: ThreeSquaresCafe@gmail.com

Project Contact Person: Phil Kollmeyer Company: _____
Street Address: Same info as above City/State: _____ Zip: _____
Telephone: ( ) _____ Fax: ( ) _____ Email: _____

Property Owner (if not applicant): The Wesley Foundation, President James Hook
Street Address: 1127 University Ave City/State: Madison, WI Zip: 53703

4. Project Information:

Provide a general description of the project and all proposed uses of the site: Project entails bringing the basement of the building up to code and opening a non-profit cafe catering primarily to students and faculty

Development Schedule: *Commencement* August 1st, 2006 *Completion* Aug 31st, 2006

CONTINUE→

5. Required Submittals:

☒ **Site Plans** submitted as follows below and depicts all lot lines; existing, altered, demolished or proposed buildings; parking areas and driveways; sidewalks; location of any new signs; existing and proposed utility locations; building elevations and floor plans; landscaping, and a development schedule describing pertinent project details:

- ***Seven (7) copies*** of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)
- ***Seven (7) copies*** of the plan set reduced to fit onto 11 inch by 17 inch paper (collated, stapled and folded)
- ***One (1) copy*** of the plan set reduced to fit onto 8 ½ inch by 11 inch paper

☒ **Letter of Intent:** ***Twelve (12) copies*** describing this application in detail but not limited to, including: existing conditions and uses of the property; development schedule for the project; names of persons involved (contractor, architect, landscaper, business manager, etc.); types of businesses; number of employees; hours of operation; square footage or acreage of the site; number of dwelling units; sale or rental price range for dwelling units; gross square footage of building(s); number of parking stalls, etc.

☒ **Legal Description of Property:** Lot(s) of record or metes and bounds description prepared by a land surveyor.

☒ **Filing Fee:** $ 500.00 See the fee schedule on the application cover page. Make checks payable to: *City Treasurer.*

IN ADDITION, THE FOLLOWING ITEMS MAY ALSO BE REQUIRED WITH YOUR APPLICATION; SEE BELOW:

☐ For any applications proposing demolition of existing (principal) buildings, photos of the structure(s) to be demolished shall be submitted with your application. Be advised that a *Reuse and Recycling Plan* approved by the City's Recycling Coordinator is required to be approved by the City prior to issuance of wrecking permits.

☐ A project proposing **ten (10) or more dwelling units** may be required to comply with the City's Inclusionary Zoning requirements outlined in Section 28.04 (25) of the Zoning Ordinance. A separate INCLUSIONARY DWELLING UNIT PLAN application detailing the project's conformance with these ordinance requirements shall be submitted concurrently with this application form. Note that some IDUP materials will coincide with the above submittal materials.

☐ A *Zoning Text* must accompany **all** Planned Community or Planned Unit Development (PCD/PUD) submittals.

FOR ALL APPLICATIONS: All applicants are required to submit copies of all items submitted in hard copy with their application (including this application form, the letter of intent, complete plan sets and elevations, etc.) as **INDIVIDUAL** Adobe Acrobat PDF files compiled either on a non-returnable CD to be included with their application materials, or in an e-mail sent to *pcapplications@cityofmadison.com*. The e-mail shall include the name of the project and applicant. Applicants who are unable to provide the materials electronically should contact the Planning Unit at (608) 266-4635 for assistance.

6. Applicant Declarations:

☐ **Conformance with adopted City plans:** Applications shall be in accordance with all adopted City of Madison plans:

→ *The site is located within the limits of* _____ *Plan, which recommends:*

_____ *for this property.*

☒ **Pre-application Notification:** Section 28.12 of the Zoning Ordinance requires that the applicant notify the district alder and any nearby neighborhood or business associations by mail no later than ***30*** days prior to filing this request:

→ *List below the Alderperson, Neighborhood Association(s), Business Association(s) AND dates you sent the notices:*

Austin King has granted a waiver which is attached

If the alder has granted a waiver to this requirement, please attach any such correspondence to this form.

☒ **Pre-application Meeting with staff:** Prior to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning Counter and Planning Unit staff; note staff persons and date.

Planner _____ *Date* 4/1/06 | *Zoning Staff* Matt Tucker *Date* 4/1/06

The signer attests that this form has been completed accurately and all required materials have been submitted:

Printed Name Phillip Kollmeyer **Date** 5/23/06

Signature Phil Kollmeyer **Relation to Property Owner** Volunteer

Authorizing Signature of Property Owner _____ **Date** _____