

PART A

Occupant Notification Fee: \$50
Rezoning and Conditional Use application fees see attached.

The following information is REQUIRED for ALL applications for Plan Commission review:

FOR OFFICE USE ONLY:

Amt. Paid \$ 900 Receipt #
Date Received 3-1-06
Parcel No. 0709-144-2713-7
Aldermanic District 4, Michael Yerveer
GQ Capitol Five
Zoning District C4
For complete submittal:
Application
Legal Description
Letter of Intent
Plans
Zoning Text N/A
Received By RT
Alder Notif. Waiver
Nbr. Assn. Notif. Waiver
Issued Sign

- Address of Site: 202 STATE STREET
Name of Project: FOURTH FLOOR ADDITION & FACADE RENOVATION for 202 STATE ST
Acreage of Site: 13,051 S.F.
- This is an application for (check at least one):
 Rezoning from _____ to _____
 Conditional Use
 Demolition Permit (Please provide age, City assessment, and the condition of the building(s) to be demolished. Provide photos.)
 Other (Describe) REDEVELOPMENT IN C-4 DISTRICT
- You must include or attach a legal description—Lot and block number of recorded certified survey map or plat, or metes and bounds by surveyor, engineer, title company, etc., (Note: A "Plat of Survey" or "Site Plan" is NOT a legal description). Any extra costs to the City, because of legal description problems, are to be paid by the applicant. (Any application, without a proper, complete and appropriate legal description, will NOT be processed). See attached instruction sheet regarding submittal of legal descriptions on computer diskette.
SEE ATTACHED SHEET
- General description of the project or intended use(s) of this property.
EXTERIOR RENOVATION / FOURTH FLOOR ADDITION
- Are there existing buildings on this site? YES
What is the present zoning of this site? C4
What are the present uses of this site? COMMERCIAL
- Do you intend to use the existing building(s)? YES

7. What exterior changes are proposed to the existing building(s)? FULL FACADE RENOVATION / FOURTH FLOOR ADDITION
8. What interior changes are proposed to the existing building(s)? NONE
9. Are you proposing to add or build new dwelling units? NO
 How many units? _____
 Owner occupied _____ selling price, from \$ _____ to \$ _____
 Rental _____ rent levels, from \$ _____ to \$ _____
10. For rental housing will you be accepting Section 8 housing vouchers? N/A
11. When do you wish to occupy this site or building? OCCUPIED UNDER CONSTRUCTION
12. Does this proposal involve any development in the public right-of-way? _____
 No _____ Yes Explain: CORNER PROJECTS OVER R.O.W.
13. Please print (or type) name and mailing address of the property owner. (Please include all owners involved in partnerships) MACHIN RIFKEN
14 W. MIFFLIN ST SUITE 300
MADISON WI 53701
 Phone: (608) 258-4640 x1204 Fax: (608) 258-4647
- Please print (or type) name and mailing address of contact person for this project [the person that can answer any questions regarding this application or project plans and will appear at the public hearing(s)]. ALLAN KAY / JASON EKSTROM
116 E. DAYTON ST MADISON WI 53703
 Phone: (608) 251-7515 Fax: (608) 251-7566
14. Property owner's authorization signature: _____
 [If offer to purchase or contract owner, please indicate below (check one). Architect's, real estate agent's, contractor's or tenant's signature is NOT adequate].
 Owner _____ Offer to Purchase _____ Other (Explain _____)
15. It is extremely important that you inform the ALDERPERSON and NEIGHBORHOOD ASSOCIATION of this district about your proposal as soon as possible. As required by Section 28.12(10)(c) and (d), I have notified Alderperson MICHAEL VERVEER and LEDEEA ZENERS of the Capital Neighborhood Association in writing by mail no less than thirty (30) days prior to this submittal.
 Yes No _____
 Date that the alderperson was notified: FEB 1 2006
 Date that the Neighborhood Association was notified: 2/21/06 Ledee Zeller