

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 <u>-0-</u>	Receipt # _____
Date Received <u>3-3-05</u>	_____
Parcel No. <u>0710-261-0305-3</u>	_____
Aldermanic District <u>16, Judy Compton</u>	_____
GQ <u>OK</u>	_____
Zoning District <u>A</u>	_____
For complete submittal:	
Application _____	<input checked="" type="checkbox"/>
Legal Description _____	<input checked="" type="checkbox"/>
Letter of Intent _____	<input checked="" type="checkbox"/>
Plans _____	<u>N/A</u>
Zoning Text _____	<u>N/A</u>
Received By <u>RT</u>	_____
Alder Notif. <input checked="" type="checkbox"/>	Waiver _____
Nbr. Assn. Notif. <input checked="" type="checkbox"/>	Waiver _____
Issued Sign _____	_____

1. Address of Site: 6334 MILLPOND RD.
Name of Project: REZONING
Acreage of Site: 3.61
2. This is an application for (check at least one):
 Rezoning from AG to e-2
 Conditional Use
 Demolition Permit (Please provide age, City assessment, and the condition of the building(s) to be demolished. Provide photos.)
 Other (Describe) _____
3. 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 CERTIFIED SURVEY MAP
4. General description of the project or intended use(s) of this property.
VACANT LAND
5. Are there existing buildings on this site? N/A
What is the present zoning of this site? AG
What are the present uses of this site? VACANT LAND
6. Do you intend to use the existing building(s)? N/A

7. What exterior changes are proposed to the existing building(s)? N/A

8. What interior changes are proposed to the existing building(s)? N/A

9. Are you proposing to add or build new dwelling units? N/A
How many units? _____
Owner occupied _____ selling price, from \$ _____ to \$ _____
Rental _____ rent levels, from \$ _____ to \$ _____

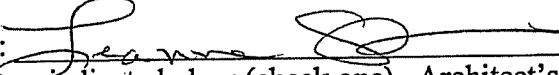
10. For rental housing will you be accepting Section 8 housing vouchers? N/A

11. When do you wish to occupy this site or building? _____

12. Does this proposal involve any development in the public right-of-way? _____
No X Yes _____ Explain: _____

13. Please print (or type) name and mailing address of the **property owner**. (Please include all owners involved in partnerships) LEANNE H. STARR
660 W. Washington Ave.
MADISON, WI. 53703
Phone: 608-257-2411 Fax: 608-257-6310

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)]. Debbie Burbury
4366 Jordan Drive
McFarland WI 53558
Phone: 608 835-5821 Fax: Same

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].
X 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 JUDY COMPTON and N/A of the N/A Neighborhood Association in writing by mail no less than thirty (30) days prior to this submittal.
Yes X No _____
Date that the alderperson was notified: ✓
Date that the Neighborhood Association was notified: N/a