



LAND USE APPLICATION

CITY OF MADISON

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

- All Land Use Applications should be filed with the Zoning Administrator at the above address.
- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the Subdivision Application.
- This form may also be completed online at: www.cityofmadison.com/developmentcenter/landdevelopment

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
Zoning District _____	
Special Requirements _____	
Review Required By:	
<input type="checkbox"/> Urban Design Commission	<input type="checkbox"/> Plan Commission
<input type="checkbox"/> Common Council	<input type="checkbox"/> Other: _____

Form Effective: February 21, 2013

1. **Project Address:** _____ 750 University Row
Project Title (if any): _____ U.W. Health, Outlot 2 & 3, Parking Lots

2. **This is an application for** (Check all that apply to your Land Use Application):

- Zoning Map Amendment from** _____ GDP _____ **to** _____ SIP _____
- Major Amendment to Approved PD-GDP Zoning** **Major Amendment to Approved PD-SIP Zoning**
- Review of Alteration to Planned Development (By Plan Commission)**
- Conditional Use, or Major Alteration to an Approved Conditional Use**
- Demolition Permit**
- Other Requests:** _____

3. **Applicant, Agent & Property Owner Information:**

Applicant Name: _____ Andrew Howick _____ **Company:** _____ U.W. Health - U.W. Hospital & Clinics _____
Street Address: _____ 600 N. Highland Ave _____ **City/State:** _____ Madison, WI _____ **Zip:** _____ 53792 _____
Telephone: (608) 263 - 9160 _____ **Fax:** () _____ **Email:** _____ ahowick@uwhealth.org _____

Project Contact Person: _____ Dan Day _____ **Company:** _____ D' Onofrio, Kottke & Associates _____
Street Address: _____ 7553 Westward Way _____ **City/State:** _____ Madison, WI _____ **Zip:** _____ 53717 _____
Telephone: (608) 833 - 7530 _____ **Fax:** () _____ **Email:** _____

Property Owner (if not applicant): _____ U.W. Health _____
Street Address: _____ **City/State:** _____ **Zip:** _____

4. **Project Information:**

Provide a brief description of the project and all proposed uses of the site: _____ Temporary commuter surface parking lots. _____

Development Schedule: Commencement _____ October 2015 _____ Completion _____ Partial - November 2015 _____
 Final - June 2016 _____

5. Required Submittal Information

All Land Use applications are required to include the following:

Project Plans including:*

- Site Plans (fully dimensioned plans depicting project details including all lot lines and property setbacks to buildings; demolished/proposed/altered buildings; parking stalls, driveways, sidewalks, location of existing/proposed signage; HVAC/Utility location and screening details; useable open space; and other physical improvements on a property)
- Grading and Utility Plans (existing and proposed)
- Landscape Plan (including planting schedule depicting species name and planting size)
- Building Elevation Drawings (fully dimensioned drawings for all building sides, labeling primary exterior materials)
- Floor Plans (fully dimensioned plans including interior wall and room location)

Provide collated project plan sets as follows:

- **Seven (7) copies** of a full-sized plan set drawn to a scale of 1 inch = 20 feet (folded or rolled and stapled)
- **Twenty Five (25) copies** of the plan set reduced to fit onto 11 X 17-inch paper (folded and stapled)
- **One (1) copy** of the plan set reduced to fit onto 8 ½ X 11-inch paper

* For projects requiring review by the **Urban Design Commission**, provide **Fourteen (14) additional 11x17 copies** of the plan set. In addition to the above information, all plan sets should also include: 1) Colored elevation drawings with shadow lines and a list of exterior building materials/colors; 2) Existing/proposed lighting with photometric plan & fixture cutsheet; and 3) Contextual site plan information including photographs and layout of adjacent buildings and structures. The applicant shall bring samples of exterior building materials and color scheme to the Urban Design Commission meeting.

Letter of Intent: Provide one (1) Copy per Plan Set describing this application in detail including, but not limited to:

- | | | |
|---|---|--|
| • Project Team | • Building Square Footage | • Value of Land |
| • Existing Conditions | • Number of Dwelling Units | • Estimated Project Cost |
| • Project Schedule | • Auto and Bike Parking Stalls | • Number of Construction & Full-Time Equivalent Jobs Created |
| • Proposed Uses (and ft ² of each) | • Lot Coverage & Usable Open Space Calculations | • Public Subsidy Requested |
| • Hours of Operation | | |

Filing Fee: Refer to the Land Use Application Instructions & Fee Schedule. Make checks payable to: *City Treasurer*.

Electronic Submittal: All applicants are required to submit copies of all items submitted in hard copy with their application as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or by e-mail to pcapplications@cityofmadison.com.

Additional Information may be required, depending on application. Refer to the Supplemental Submittal Requirements.

6. Applicant Declarations

Pre-application Notification: The Zoning Code requires that the applicant notify the district alder and any nearby neighborhood and business associations in writing no later than **30 days prior to FILING this request**. List the alderperson, neighborhood association(s), and business association(s) AND the dates you sent the notices:

July 14, 2015 - SHNA Meeting

→ If a waiver has been granted to this requirement, please attach any correspondence to this effect 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 and Planning Division staff; note staff persons and date.

Planning Staff: Tim Parks Date: 7/16/2015 Zoning Staff: Matt Tucker Date: 7/16/2015

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of Applicant Andrew Howick Relationship to Property: U.W. Health Director of Facilities Planning

Authorizing Signature of Property Owner  Date 7 Aug 2015