City of Madison

APPLICATION FOR MINOR ALTERATION OF EXISTING PLANNED DEVELOPMENT (PD)

FOR OFFICE USE ONLY

Date:

			LN	NDMAP:					
Street Address:									
Alder District:						Zoning	District:	PD	
Proposed Alteration (Describe):									
The	following items a	are require	d to be subm	itted via em	ail to <u>SPR</u> a	pplication	ns@cityofma	dison.com:	
	□ Completed Application (this form)								
	Property Own	mer Permission (signature on this form or an email providing authorization to apply)							
		District Alder recommending approval of the project as a minor alteration. Find the alder of the the property is located.							
	Letter of Inter	f Intent describing the proposed project							
	☐ Plans in PDF format								
Final	l approval is grar	nted by the	Director of I	Planning if t				cation in our permitting system. tent of the planned development	
Project Contact Person Name]	Role			
	mpany Name						I		
Phone]	Email			
	undersigned prop			owner) of j	property be	low appli	es for approv	al to make minor alterations to	
	perty Owner A nature (or autho ail)								
	perty Owner N	ame							
	mpany Name								
	eet address			Email					
Pho	one			Email					