



APPLICATION FOR MINOR ALTERATION OR TIME EXTENSION

FOR OFFICE USE ONLY	
Date:	
LND:	
<input type="checkbox"/> DC-UMX <input type="checkbox"/> PD <input type="checkbox"/> CU <input type="checkbox"/> Master Plan <input type="checkbox"/> Time Extension	

Street Address:			
Alder District:		Zoning District:	
Proposed Alteration (Describe):			

The following items are required to be submitted via email to SPRapplications@cityofmadison.com:

<input type="checkbox"/>	Completed Application (this form)
<input type="checkbox"/>	Property Owner Permission (signature on this form or an email providing authorization to apply)
<input type="checkbox"/>	Email from the District Alder recommending approval of the project as a minor alteration. Find the alder of the district where the property is located. <i>*(DC-UMX alteration does not require Alder Recommendation)</i>
<input type="checkbox"/>	Letter of Intent describing the proposed project
<input type="checkbox"/>	Plan Set in PDF format (Existing Conditions and Proposed Plan Set – with areas clouded to indicate a change)
<input type="checkbox"/>	Expected Project Completion Date (MM/DD/YYYY): _____

There is a **\$100 application fee**, which will be due after we set up your application in our permitting system. If the Alteration to Specific Implementation Plan (SIP) is accompanied by a site plan/parking lot review, there will be an additional site plan review fee.

Final approval is granted by the Director of Planning, if the alteration meets the original intent of the conditional use or planned development approval, and is deemed to be a minor change.

Project Contact Person Name		Role	
Company Name			
Phone		Email	

The undersigned property owner (or contract owner) of property below applies for approval to make minor alterations to an existing conditional use.

Property Owner Authorizing Signature (or authorized via attached email)			
Property Owner Name			
Company Name			
Street address			
Phone		Email	