

LAND USE APPLICATION - INSTRUCTIONS & FORM

LND-A

City of Madison
Planning Division
Madison Municipal Building, Suite 017
215 Martin Luther King, Jr. Blvd.
P.O. Box 2985
Madison, WI 53701-2985
(608) 266-4635



FOR OFFICE USE ONLY:

Paid _____ Receipt # _____

Date received _____

Received by _____

Original Submittal Revised Submittal

Parcel # _____

Aldermanic District _____

Zoning District _____

Special Requirements _____

Review required by _____

UDC PC

Common Council Other _____

Reviewed By _____

All Land Use Applications must be filed with the Zoning Office at the above address.

This completed form is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the Subdivision Application found on the City's web site. (<http://www.cityofmadison.com/development-services-center/documents/SubdivisionApplication.pdf>)

APPLICATION FORM

1. Project Information

Address: 1313 Fish Hatchery Road, Madison, WI 53715

Title: SSM Health Fish Hatchery Campus West Redevelopment

2. This is an application for (check all that apply)

- Zoning Map Amendment (Rezoning) from TR-C2 to CC-T
- Major Amendment to an Approved Planned Development-General Development Plan (PD-GDP) Zoning
- Major Amendment to an Approved Planned Development-Specific Implementation Plan (PD-SIP)
- Review of Alteration to Planned Development (PD) (by Plan Commission)
- Conditional Use or Major Alteration to an Approved Conditional Use
- Demolition Permit
- Other requests _____

3. Applicant, Agent and Property Owner Information

Applicant name Damond Boatwright, SSM Health Company SSM Health

Street address 1808 West Beltline Hwy. City/State/Zip Madison, WI 53713

Telephone 608-260-3505 Email Damond.Boatwright@ssmhealth.com

Project contact person Melissa Huggins Company Urban Assets, LLC

Street address 807 E. Johnson Street City/State/Zip 608-819-6566

Telephone 608-819-6566 Email melissa@urbanassetsconsulting.com

Property owner (if not applicant) SSM Health Dean Medical Group

Street address 1313 Fish Hatchery Road City/State/Zip Madison, WI 53715

Telephone 608-260-3505 Email Damond.Boatwright@ssmhealth.com

APPLICATION FORM (CONTINUED)

5. Project Description

Provide a brief description of the project and all proposed uses of the site:

179,640 SF new Medical Clinic and associated Parking Lot (West of South Street) to include continuation of existing services, orthopedics plus rehab, cancer services, and cafe. Fourth floor (32,137 SF) will be shelled for future needs.

Proposed Dwelling Units by Type (if proposing more than 8 units):

Efficiency: _____ 1-Bedroom: _____ 2-Bedroom: _____ 3-Bedroom: _____ 4+ Bedroom: _____

Density (dwelling units per acre): _____ Lot Size (in square feet & acres): _____

Proposed On-Site Automobile Parking Stalls by Type (if applicable):

Surface Stalls: 246 Under-Building/Structured: _____

Proposed On-Site Bicycle Parking Stalls by Type (if applicable):

Indoor: _____ Outdoor: 50

Scheduled Start Date: March-April, 2020 Planned Completion Date: November, 2022

6. Applicant Declarations

- Pre-application meeting with staff.** Prior to preparation of this application, the applicant is strongly encouraged to discuss the proposed development and review process with Zoning and Planning Division staff. Note staff persons and date.

Planning staff Kevin Firchow Date June 26, 2019

Zoning staff Matt Tucker Date June 26, 2019

- Demolition Listserv** (<https://www.cityofmadison.com/developmentCenter/demolitionNotification/notificationForm.cfm>).

- Public subsidy is being requested (indicate in letter of intent)

- Pre-application notification:** The zoning code requires that the applicant notify the district alder and all applicable neighborhood and business associations **in writing no later than 30 days prior to FILING this request.** Evidence of the pre-application notification or any correspondence granting a waiver is required. List the alderperson, neighborhood association(s), business association(s), AND the dates notices were sent.

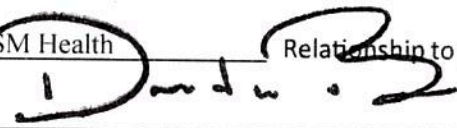
District Alder Tag Evers, District 13 (Also sent to Sheri Carter, District 14) Date November 1, 2019

Neighborhood Association(s) Greenbush Neighborhood Assn. Date November 1, 2019

Business Association(s) _____ Date _____

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

Name of applicant Damond Boatwright, SSM Health Relationship to property Regional President

Authorizing signature of property owner  Date 12/17/19