

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 \$ 1250 Receipt # 98558-0005
 Date received 12/18/19
 Received by PDA
 Original Submittal Revised Submittal
 Parcel # 0709-263-0105-6 + ADD'L
 Aldermanic District 13 - EVERS
 Zoning District CC-T + TR-C2
 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 South Street, Madison, WI 53715

Title: SSM Health Fish Hatchery Campus East 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:

Parking Lot (East of South Street) associated with the 179,640 SF new SSM Health Medical Clinic to be built at 1313 Fish Hatchery Road.

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: 274 _____ 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

[X] 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 _____

[X] Demolition Listserv (<https://www.cityofmadison.com/developmentCenter/demolitionNotification/notificationform.cfm>).

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

[X] 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 [Signature] _____ Date 12/17/19 _____