

# 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: 5600 HAMMERLEY ROAD  
 Title: VACANT LOT

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

- Zoning Map Amendment (Rezoning) from SRE1 to SR-VI  
 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 CONDITIONAL USE

### 3. Applicant, Agent and Property Owner Information

**Applicant name** E. EDWARD UNVILLE Company LINVILLE ARCHITECTS L.L.C  
**Street address** 408 E. WILSON City/State/Zip MADISON 53703 WISC.  
**Telephone** (608) 575-9496 Email elinville@linvillearchitects.com

**Project contact person** ED UNVILLE Company LINVILLE ARCHITECTS L.L.C  
**Street address** ABOVE City/State/Zip ABOVE  
**Telephone** ABOVE Email ABOVE

**Property owner (if not applicant)** ROBERT KELLER  
**Street address** 448 W. WASHINGTON AV City/State/Zip MADISON, WISC. 53703  
**Telephone** (608) 227-6543 Email Kellerrealstategroup.com

APPLICATION FORM (CONTINUED)

5. Project Description

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

4 UNIT APARTMENT RESIDENCE

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

Efficiency: \_\_\_\_\_ 1-Bedroom: \_\_\_\_\_ 2-Bedroom: 4 3-Bedroom: \_\_\_\_\_ 4+ Bedroom: \_\_\_\_\_

Density (dwelling units per acre): 6.8 Lot Size (in square feet & acres): 25,812

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

Surface Stalls: 3 Under-Building/Structured: 6

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

Indoor: \_\_\_\_\_ Outdoor: 4

Scheduled Start Date: JULY 15, 2019 Planned Completion Date: DEC 1, 2019

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 BURCHOW, COLIN PUNT Date 3 MTGS IN 2018-2019

Zoning staff MATT TUCKER Date 1 1

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 ALDEN CHECKER Date MARCH 8, 2019

Neighborhood Association(s) ORCHARD RIDGE Date March 8, 2019

Business Association(s) \_\_\_\_\_ Date \_\_\_\_\_

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

Name of applicant G. S. ... Relationship to property ARCHITECT

Authorizing signature of property owner Robert Keller Date APR 10, 2019