

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: _____

Title: _____

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

Zoning Map Amendment (Rezoning) from _____ to _____

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 _____ Company _____

Street address _____ City/State/Zip _____

Telephone _____ Email _____

Project contact person _____ Company _____

Street address _____ City/State/Zip _____

Telephone _____ Email _____

Property owner (if not applicant) _____

Street address _____ City/State/Zip _____

Telephone _____ Email _____

APPLICATION FORM (CONTINUED)

5. Project Description

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

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: _____ Under-Building/Structured: _____

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

Indoor: _____ Outdoor: _____

Scheduled Start Date: _____ Planned Completion Date: _____

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 _____ Date _____

Zoning staff _____ Date _____

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 _____ Date _____

Neighborhood Association(s) _____ Date _____

Business Association(s) _____ Date _____

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

Name of applicant _____ Relationship to property _____

Authorizing signature of property owner Sally Dusekter Date _____