



Department of Planning & Community & Economic Development  
**Planning Division**

Website: [www.cityofmadison.com](http://www.cityofmadison.com)

Madison Municipal Building  
215 Martin Luther King, Jr. Boulevard  
P.O. Box 2985  
Madison, Wisconsin 53701-2985  
TDD 608 266-4747  
FAX 608 266-8739  
PH 608 266-4635

July 8, 2008

Mark Goetzinger  
Madison East Investors, LLC  
1020 James Dr., Suite G  
Hartland, WI 53029

RE: Approval of a conditional use permit for a chiropractic clinic in an existing office building at 4602 S. Biltmore Lane.

Dear Mr. Goetzinger:

The Plan Commission, meeting in regular session on July 7, 2008 determined that the ordinance standards could be met and **approved** your request for a conditional use to allow use of a space in an existing office building a 4602 S. Biltmore Lane as a chiropractic clinic. In order to receive final approval of the conditional use permit, the following conditions must be met:

**Please contact Janet Dailey, City Engineering, at 261-9688 if you have questions regarding the following item:**

1. The site plan shall be revised to show all existing public sanitary sewer facilities in the project area as well as the size, invert elevation, and alignment of the proposed service.

**Please contact Pat Anderson, Assistant Zoning Administrator at 266-4551 if you have any questions about the following 6 items:**

2. Proposed development shall comply with development standards of the O-3.
3. The extent of parking devoted to the chiropractic clinic will be designated on the final site plan.

**Please now follow the procedures listed below for obtaining your conditional use permit:**

1. Please revise your plans per the above and submit **four (4) copies** of a complete plan set to the Zoning Administrator for final review and comment. Also be sure to include any additional materials requested by the City Engineering Division for their approval prior to sign off.
2. This letter shall be signed by the applicant to acknowledge the conditions of approval and returned to the Zoning Administrator when requesting the conditional use permit.
3. The Plan Commission shall retain jurisdiction over this matter for the purpose of resolving complaints against the approved conditional use permit.

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If you have any questions regarding obtaining your conditional use permit, please contact the Zoning Administrator at 266-4551. If you have any questions or if I may be of any further assistance, please do not hesitate to contact my office at 266-5974.

I hereby acknowledge that I understand and will comply with the above conditions of approval for this conditional use permit.

Sincerely,

\_\_\_\_\_  
*Signature of Applicant*

Heather Stouder, AICP  
Planner

cc: Pat Anderson, Assistant Zoning Administrator  
Janet Dailey, City Engineer's Office

For Official Use Only, Re: Final Plan Routing			
<input checked="" type="checkbox"/>	Planning Division (H. Stouder)	<input type="checkbox"/>	Recycling Coordinator (R & R)
<input checked="" type="checkbox"/>	Zoning Administrator	<input type="checkbox"/>	Fire Department
<input checked="" type="checkbox"/>	City Engineering	<input type="checkbox"/>	Urban Design Commission
<input type="checkbox"/>	Traffic Engineering	<input type="checkbox"/>	Other: