



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

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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  
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June 21, 2011

Jonathan Rozenfeld  
St. Mary's Hospital / SSM Health Care of WI  
700 S. Park St.  
Madison, WI 53715

RE: Approval of a major alteration to a conditional use permit for the continued use of a temporary parking lot in the R4 (General Residence) District.

Dear Mr. Rozenfeld:

The Plan Commission, meeting in regular session on June 20, 2011 determined that the conditional use standards could be met and **approved** your request for a major alteration to a conditional use at 1347 Fish Hatchery Road. This approval shall become null and void on June 20, 2014, three years after the date of the Plan Commission approval.

In order to receive final approval, the following conditions must be met:

**Please contact Pat Anderson, Zoning at 266-5978 with questions about the following item:**

1. Past conditions of approval for the parking lot remain in place, and are to be affirmed with this re-approval. Conditions include:
  - a) The parking lot shall be used solely for the parking of passenger automobiles.
  - b) Stalls formerly designated for limited use between 10:00 am and 7:00 pm will remain as such.

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

1. Please submit **four (4) copies** of a complete plan set to the Zoning Administrator for final staff review and comment.
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. No alteration of this proposal shall be permitted unless approved by the Plan Commission, provided, however, the Zoning Administrator may issue permits for minor alterations.

If you have any questions regarding obtaining your conditional use, 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.

Sincerely,

Heather Stouder, AICP  
Planner

cc: Pat Anderson, Assistant Zoning Administrator

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

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*Signature of Applicant*

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 type="checkbox"/>	City Engineering	<input type="checkbox"/>	Urban Design Commission
<input type="checkbox"/>	Traffic Engineering	<input type="checkbox"/>	Metro Transit:
<input type="checkbox"/>	Engineering Mapping	<input type="checkbox"/>	Parks Division: