Land Use A	APPLICATION	FOR OFFICE USE ONLY:
Madison Pla	n Commission	Amt. Paid 550 Receipt No. 85867
215 Martin Luther Kir	ng Jr. Blvd; Room LL-100	Date Received 10/c3/07
PO Box 2985; Madiso	on, Wisconsin 53701-2985	Received By
Phone: 608.266.4635	Facsimile: 608.267.8739	Parcel No. 0709 \$ 183-1308-5
	ation is <u>required</u> for all applications	Aldermanic District 19 - CLEAR GQ R I - R
for Plan Commission review.		Zoning District $121-12$
 Please read all pages of the application completely and fill in all required fields. 		For Complete Submittal
""" to the standard of the sta		Application Letter of Intent
Inis application form may also be completed online at <u>www.cityofmadison.com/planning/plan.html</u>		IDUP Legal Descript.
 All zoning application packages should be filed directly with the Zoning Administrator's desk. 		Plan Sets Zoning Text
		. Alder Notification Waiver
	be reviewed against the applicable ne City Ordinances to determine if	Ngbrhd. Assn Not. Waiver
the project can be a		Date Sign Issued
	•	
1. Project Address:	1015 Hillside Avenue	Project Area in Acres: 1/4 Acre Site
Project Title (if any):	Residential Demolition	1.5 Acre Lot
i i alect i i i i e (ii aii a);		
2. This is an applicat	tion for: (check at least one)	
Zoning Map Amendn	nent (check only ONE box below for	r rezoning and fill in the blanks accordingly)
Rezoning from	to	Rezoning from to PUD/ PCD—SIP
a management of		A AUGUST AND
Rezoning from	to PUD/ PCD-GDP	Rezoning from PUD/PCD-GDP to PUD/PCD-SIP
Conditional Use	M Demolition Permit	Other Requests (Specify):
Subject 1	I amen's	
3. Applicant, Agent 8	Property Owner Information	:
Applicant's Name: James	Bakke ⁻	Company:
	lighlands Ave. City/s	State: Madison, WI Zip: 53705
Telephone: (608) 271-546	***************************************	Email: jbakke@subzero.com
Telephone. [000] 27 1-040		mmugggegggggggggggggggggggggggggggggggg
Project Contact Person:	Attorney Harvey L. Temkin	Company: Reinhart Boerner Van Deuren s.c.
Street Address: 22 E. Miff	ilin St., Suite 600 City/S	State: Madison, WI Zip: 53703
Telephone: (608) 229-22	10 Fax: (608) 229-2100	Email: htemkin@reinhartlaw.com
	Manager Clafford on Dayson	
Property Owner (if not application	arity.	al Representative of the Estate of Mary Ellen Stafford, Dec
Street Address: 8119 Old	Sauk Pass Rd. City/s	State: Cross Plains, WI Zip: 53528
4. Project Informatio	, en =	
-		ises of the site.
	tion of the project and all proposed u amily house and outbuildings and re	
Demonstrating single is	miny nouse and outbuildings and re	
Development Schedule:	Commencement Upon issuance or	of permit or Completion May 31, 2008
	as soon as w	

conditions permit

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5. l	Required Submittals:
X	Site Plans submitted as follows below and depicts all lot lines; existing, altered, demolished or proposed buildings; parking areas and driveways; sidewalks; location of any new signs; existing and proposed utility locations; building elevations and floor plans; landscaping, and a development schedule describing pertinent project details:
	• Seven (7) copies of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)
	• Seven (7) copies of the plan set reduced to fit onto 11 inch by 17 inch paper (collated, stapled and folded)
	• One (1) copy of the plan set reduced to fit onto 8 ½ inch by 11 inch paper
X	Letter of Intent: Twelve (12) copies describing this application in detail but not limited to, including: existing conditions and uses of the property; development schedule for the project; names of persons involved (contractor, architect, landscaper, business manager, etc.); types of businesses; number of employees; hours of operation; square footage or acreage of the site; number of dwelling units; sale or rental price range for dwelling units; gross square footage of building(s); number of parking stalls, etc.
X	Legal Description of Property: Lot(s) of record or metes and bounds description prepared by a land surveyor.
K	Filing Fee: \$ 550 See the fee schedule on the application cover page. Make checks payable to: City Treasurer.
Name and Persons	ADDITION, THE FOLLOWING ITEMS MAY ALSO BE REQUIRED WITH YOUR APPLICATION; SEE BELOW:
K	For any applications proposing demolition of existing (principal) buildings, photos of the structure(s) to be demolished shall be submitted with your application. Be advised that a <i>Reuse and Recycling Plan</i> approved by the City's Recycling Coordinator is required to be approved by the City prior to issuance of wrecking permits.
paraelit	A project proposing ten (10) or more dwelling units may be required to comply with the City's Inclusionary Zoning requirements outlined in Section 28.04 (25) of the Zoning Ordinance. A separate INCLUSIONARY DWELLING UNIT PLAN application detailing the project's conformance with these ordinance requirements shall be submitted concurrently with this application form. Note that some IDUP materials will coincide with the above submittal materials.
	A Zoning Text must accompany all Planned Community or Planned Unit Development (PCD/PUD) submittals.
app Acr pca	R ALL APPLICATIONS: All applicants are required to submit copies of all items submitted in hard copy with their lication (including this application form, the letter of intent, complete plan sets and elevations, etc.) as INDIVIDUAL Adobe obat PDF files compiled either on a non-returnable CD to be included with their application materials, or in an e-mail sent to pplications@cityofmadison.com. The e-mail shall include the name of the project and applicant. Applicants who are unable rovide the materials electronically should contact the Planning Unit at (608) 266-4635 for assistance.
6.	Applicant Declarations:
And Van	Conformance with adopted City plans: Applications shall be in accordance with all adopted City of Madison plans:
	→ The site is located within the limits of Plan, which recommends:
	for this property.
Z	Pre-application Notification: Section 28.12 of the Zoning Ordinance requires that the applicant notify the district alder and any nearby neighborhood or business associations by mail no later than 30 days prior to filing this request:
	→ List below the Alderperson, Neighborhood Association(s), Business Association(s) AND dates you sent the notices:
	Alder Mark Clear - 9/12/07; Jack Walker of neighborhood association
	If the alder has granted a waiver to this requirement, please attach any such correspondence to this form.
K	Pre-application Meeting with staff: <u>Prior</u> to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning Counter and Planning Unit staff; note staff persons and date.
	Planner Tim Parks Date 10/2/07 Zoning Staff Matt Tucker Date 10/2/07
Th	e signer attests that this form has been completed accurately and all required materials have been submitted:
Pri	nted Name James Bakke Date 10/3/2007
	nature Relation to Property Owner Buyer of Property

Date 10/2/2007
Margaret Stafford, as Personal Representative
of the Estate of Mary Ellen Stafford, Deceased **Authorizing Signature of Property Owner**

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Pri	nted Name James Bakke Date 10/3/2007
Sig	nature Relation to Property Owner Buyer of Property

Authorizing Signature of Property Owner Margaret Stafford, as Personal Representative of the Estate of Mary Ellen Stafford, Deceased