

LAND USE APPLICATION	FOR OFFICE USE ONLY:	
Madison Plan Commission	Amt. Paid #1250 Receipt No. 96992	
215 Martin Luther King Jr. Blvd; Room LL-100	Date Received 12/17/08	
PO Box 2985; Madison, Wisconsin 53701-2985	Received By PNA	
Phone: 608.266.4635   Facsimile: 608.267.8739	Parcel No. 1709 - 134 - 0/0/-7	
·	Aldermanic District 6 MARSAA RUMMEL	
<ul> <li>The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which</li> </ul>	GQ REAL ESTATE HOLD	
should be filed with the <u>Subdivision Application</u> .	Zoning District M - I	
Before filing your application, please review the information	For Complete Submittal	
regarding the <b>LOBBYING ORDINANCE</b> on the first page.	Application Letter of Intent	
<ul> <li>Please read all pages of the application completely and fill in all required fields.</li> </ul>	IDUP Legal Descript.	
This application form may also be completed online at	Plan Sets Zoning Text	
www.cityofmadison.com/planning/plan.html	Alder Notification Waiver	
All zoning applications should be filed directly with the Zoning	Ngbrhd. Assn Not Waiver	
Administrator.	Date Sign Issued	
1. Project Address: 1045-1047 EAST WILSON STY	OFFIT Project Area in Acres: 0.2	
Project Title (if any): N/A		
2. This is an application for: (check at least one)		
Zoning Map Amendment (check only ONE box below for rezoning and fill in the blanks accordingly)		
·	Rezoning from M-1 to PUD/ PCD-SIP	
☐ Rezoning from to PUD/ PCD-GDP ☐ Rezoning from PUD/PCD-GDP to PUD/PCD-SIP		
☐ Conditional Use ☐ Demolition Permit ☐ Ot	ther Requests (Specify):	
3. Applicant, Agent &Property Owner Information:		
Martin and the state of the sta		
Street Address: 1501 WILLAMSON STREET City/State: MACISON, W1 zip: 53703  Telephone: (608) 256-3527 Fax: (608) 256-4499 Email: paul@cwd.org		
Telephone: (600) 636 1111	Email: paute cour, org	
Project Contact Person: JIM GUECK Company: GWECK APCHITECTS		
Street Address: 16 N. FEW St. City/State: MAOISON, WI zip: 53707		
Telephone: (68)251-2551 Fax: ( )251-2550		
Property Owner (if not applicant):	J	
Street Address: NA City/State:	N/A zip: N/A	
City/State.	Zip	
4. Project Information:		
Provide a general description of the project and all proposed uses		
OF THIS PROPERTY INTO TWO PARCELS, WHICH WILL ALLOW SALE OF EACH		
EXISTING RESIDENTIAL BUILDING (TWO TOTAL)	. NO CONSTRUCTION OF NEW BULLDINGS	
Development Schedule: Commencement	· · · · · · · · · · · · · · · · · · ·	

5. Required Submittals:	
parking areas and driveways; sidewalks; location of ar elevations and floor plans; landscaping, and a develop	- · · · · · · · · · · · · · · · · · · ·
	o a scale of one inch equals 20 feet (collated and folded)
	nto 11 inch by 17 inch paper (collated, stapled and folded)
One (1) copy of the plan set reduced to fit onto	* * *
conditions and uses of the property; development sche architect, landscaper, business manager, etc.); types	is application in detail but not limited to, including: existing edule for the project; names of persons involved (contractor, s of businesses; number of employees; hours of operation; ling units; sale or rental price range for dwelling units; gross s, etc.
any application for rezoning, the description must be	etes and bounds description prepared by a land surveyor. For submitted as an electronic word document via CD or e-mail.
Filing Fee: \$ 1250 See the fee schedule on Treasurer.	the application cover page. Make checks payable to: City
IN ADDITION, THE FOLLOWING ITEMS MAY ALSO B	E REQUIRED WITH YOUR APPLICATION; SEE BELOW:
	uildings, <b>photos</b> of the interior and exterior of the structure(s) ion. Be advised that a <b>Reuse and Recycling Plan</b> approved bissuance of wrecking permits.
requirements outlined in Section 28.04 (25) of the Zo PLAN application detailing the project's conformance	may be required to comply with the City's Inclusionary Zoning ning Ordinance. A separate INCLUSIONARY DWELLING UNIT be with these ordinance requirements shall be submitted ome IDUP materials will coincide with the above submittal
A Zoning Text must accompany all Planned Commun	nity or Planned Unit Development (PCD/PUD) submittals.
application (including this application form, the letter of int Adobe Acrobat PDF files compiled either on a non-returnab mail sent to <a href="mailto:pcapplications@cityofmadison.com">pcapplications@cityofmadison.com</a> . The e-mail	submit copies of all items submitted in hard copy with their ent, complete plan sets and elevations, etc.) as <b>INDIVIDUAL</b> le CD to be included with their application materials, or in an elshall include the name of the project and applicant. Applicants ld contact the Planning Unit at (608) 266-4635 for assistance.
6. Applicant Declarations:	
	shall be in accordance with all adopted City of Madison plans:
→ The site is located within the limits of the: EAST (VAIL	COULLDOR MARRUETTE NEW High which recommends:
RESIDENTIAL USES	for this property.
Pre-application Notification: Section 28.12 of the Z	oning Ordinance requires that the applicant notify the district ations by mail no later than <b>30</b> days prior to filing this request:
→ List below the Alderperson, Neighborhood Association(s),	
	NOT H YOU, LIGHTALD OLDA OCCUPANAUS FOR THE
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NOTE: If the alder has granted a waiver to this requirement,	
proposed development and review process with Zoning	ition of this application, the applicant is required to discuss the Counter and Planning Unit staff; note staff persons and date.  MATT TUCKOR
Planner TIM PARKS Date 12/11/08	Zoning Staff PAT ANDBRSON Date 12/11/08
The signer attests that this form is accurately comp	pleted and all required materials are submitted:
Printed Name PAUL JASENSKI	Date 12 17 /08
Signature Poll	Relation to Property Owner PROJECT MANAGEN
D /	
Authorizing Signature of Property Owner	ASIDON BY LOMMON WEARN Date 12/17/08  DEVELOPMENT, INC
Effective June 26, 2006	DOVELOPMONT, INC

Effective June 26, 2006