



# LAND USE APPLICATION Madison Plan Commission

215 Martin Luther King Jr. Blvd; Room LL-100  
PO Box 2985; Madison, Wisconsin 53701-2985  
Phone: 608.266.4635 | Facsimile: 608.267.8739

- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed with the Subdivision Application.
- Before filing your application, please review the information regarding the **LOBBYING ORDINANCE** on the first page.
- Please read all pages of the application completely and fill in all required fields.
- This application form may also be completed online at [www.cityofmadison.com/planning/plan.html](http://www.cityofmadison.com/planning/plan.html)
- All Land Use Applications should be filed directly with the Zoning Administrator.

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
GQ _____	
Zoning District _____	
For Complete Submittal	
Application _____	Letter of Intent _____
IDUP _____	Legal Descript. _____
Plan Sets _____	Zoning Text _____
Alder Notification _____	Waiver _____
Ngbrhd. Assn Not. _____	Waiver _____
Date Sign Issued _____	

1. Project Address: 1329 W. Dayton St Project Area in Acres: Less than one

Project Title (if any): \_\_\_\_\_

### 2. This is an application for:

Zoning Map Amendment (check the appropriate box(es) in only one of the columns below)		
<input type="checkbox"/> <b>Rezoning to a Non-PUD or PCD Zoning Dist.:</b> Existing Zoning: _____ to _____ Proposed Zoning (ex: R1, R2T, C3): _____	<input type="checkbox"/> <b>Rezoning to or Amendment of a PUD or PCD District:</b> <input type="checkbox"/> Ex. Zoning: _____ to PUD/PCD-GDP <input type="checkbox"/> Ex. Zoning: _____ to PUD/PCD-SIP <input type="checkbox"/> Amended Gen. Dev. <input type="checkbox"/> Amended Spec. Imp. Plan	
<input type="checkbox"/> <b>Conditional Use</b>	<input type="checkbox"/> <b>Demolition Permit</b>	<input type="checkbox"/> <b>Other Requests (Specify):</b> _____

### 3. Applicant, Agent & Property Owner Information:

Applicant's Name: \_\_\_\_\_ Company: JC Properties, LLC

Street Address: 101 N. Mills St City/State: Madison, WI Zip: 53715

Telephone: (608) 255-3933 Fax: (608) 255-0807 Email: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner (if not applicant): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 4. Project Information:

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

Development Schedule: Commencement \_\_\_\_\_ Completion \_\_\_\_\_