



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
- All zoning 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:** 1347 Fish Hatchery Road **Project Area in Acres:** 3.25 acres
- Project Title (if any):** St. Mary's Hospital Temporary Parking (formerly St. Mary's Care Center)
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 _____ to _____	☐ Rezoning from _____ to PUD/ PCD-SIP	
☐ Rezoning from _____ to PUD/ PCD-GDP	☐ Rezoning from PUD/PCD-GDP to PUD/PCD-SIP	
☒ Conditional Use	☐ Demolition Permit	☐ Other Requests (Specify): _____

3. Applicant, Agent & Property Owner Information:

Applicant's Name: Jonathan Rozenfeld Company: St. Mary's Hospital
Street Address: 700 S. Park Street City/State: Madison, WI Zip: 53715
Telephone: (608) 258-6720 Fax: (608) 258-6649 Email: jon_rozenfeld@ssmhc.com

Project Contact Person: Jonathan Rozenfeld Company: St. Mary's Hospital
Street Address: 700 S. Park Street City/State: Madison, WI Zip: 53715
Telephone: (608) 258-6720 Fax: (608) 258-6649 Email: jon_rozenfeld@ssmhc.com

Property Owner (if not applicant): _____
Street Address: _____ City/State: _____ Zip: _____

4. Project Information:

Provide a general description of the project and all proposed uses of the site: Major alteration to conditional use for temporary parking lot (3 yr. extension)

Development Schedule: Commencement _____ Completion _____

CONTINUE →

5. Required Submittals:

- ☒ **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:

- 14 [• **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

- ☒ **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.

- ☒ **Legal Description of Property:** Lot(s) of record or metes and bounds description prepared by a land surveyor. For any application for rezoning, the description must be submitted as an electronic word document via CD or e-mail.

- ☐ **Filing Fee:** \$ 550.00 See the fee schedule on the application cover page. Make checks payable to: *City Treasurer.*

IN ADDITION, THE FOLLOWING ITEMS MAY ALSO BE REQUIRED WITH YOUR APPLICATION; SEE BELOW:

- ☐ For any applications proposing demolition of existing buildings, **photos** of the interior and exterior of the structure(s) to be demolished shall be submitted with your application. Be advised that a **Reuse and Recycling Plan** approved by the City's Recycling Coordinator is required prior to issuance of wrecking permits.

- ☐ 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.

FOR ALL APPLICATIONS: All applicants are required to submit copies of all items submitted in hard copy with their application (including this application form, the letter of intent, complete plan sets and elevations, etc.) as **INDIVIDUAL** Adobe Acrobat PDF files compiled either on a non-returnable CD to be included with their application materials, or in an e-mail sent to pcapplications@cityofmadison.com. The e-mail shall include the name of the project and applicant. Applicants who are unable to provide the materials electronically should contact the Planning Unit at (608) 266-4635 for assistance.

6. Applicant Declarations:

- ☐ **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 the: _____ Plan, which recommends: _____ for this property.

- ☐ **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:

NOTE: If the alder has granted a waiver to this requirement, please attach any such correspondence to this form.

- ☐ **Pre-application Meeting with staff:** Prior 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 H Studer Date 4/25/08 | Zoning Staff G. PATMYTHES Date 4/25/08

The signer attests that this form is accurately completed and all required materials are submitted:

Printed Name JONATHAN ROZENFELD Date 5/06/08

Signature [Signature] Relation to Property Owner COO/EVP

Authorizing Signature of Property Owner _____ Date _____