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LAND USE APPLICATION  Madison Plan Commission	FOR OFFICE USE ONLY: Amt. Paid 550 Receipt No. 7433
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 <a href="https://www.cityofmadison.com/planning/plan.html">www.cityofmadison.com/planning/plan.html</a> • All zoning applications should be filed directly with the Zoning Administrator.	Received By Parcel No. USOS - 254-1593-2 Aldermanic District IS - Michael Cihymadu GQ CV/ALC Zoning District C/ C2 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: 1422 NORTHPORT DR.  Project Title (if any): DEMO BRENNANS	7
2. This is an application for: (check at least one)	
Zoning Map Amendment (check only ONE box below for re	ezoning 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	ther Requests (Specify):
3. Applicant, Agent &Property Owner Information:	
Applicant's Name: Daniel's Const. Corstreet Address: 3500 UNIVERSITY AVE City/State: Telephone: (608) 206 5031 Fax: (608) 236 2331  Project Contact Person: Flaw Pelete Corstreet Address: 919 Applicant Pale Catter Pale City/State: Telephone: (608) 271 4800 Fax: (608) 271 4570  Property Owner (if not applicant): UW CREDIT UNIVERSITY AVE City/State: 4. Project Information:  Provide a general description of the project and all proposed uses The Bull New Classification Constants.	Email: KMANN (Q UNCU, ORG INDANIELS (ONST. MADISON WI Zip: 53713 Email: FREIBLE (Q CANIELSCO, COM 110N MADISON W. Zip: 53744 Softhe site: DEMO EXISTING BULLDING
Development Schedule: Commencement ASAD SAFTY	

4. Pro 77 Dev CONTINUE→

5.	Required Submittals:
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×	• Seven (7) copies of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)
ينو داد	• 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.
	<b>Legal Description of Property:</b> Lot(s) of record or metes and bounds description prepared by a land surveyor. Fo any application for rezoning, the description must be submitted as an electronic word document via CD or e-mail
	Filing Fee: \$ 550 See the fee schedule on the application cover page. Make checks payable to: Cit Treasurer.
IN	ADDITION, THE FOLLOWING ITEMS MAY ALSO BE REQUIRED WITH YOUR APPLICATION; SEE BELOW:
	For any applications proposing demolition of existing buildings, <b>photos</b> of the interior and exterior of the structure(s to be demolished shall be submitted with your application. Be advised that a <b>Reuse and Recycling Plan</b> approve by the City's Recycling Coordinator is required prior to issuance of wrecking permits.
	A project proposing <b>ten (10) or more dwelling units</b> may be required to comply with the City's Inclusionary Zonin requirements outlined in Section 28.04 (25) of the Zoning Ordinance. A separate INCLUSIONARY DWELLING UNIPLAN 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 submitted materials.
	A <b>Zoning Text</b> must accompany <u>all</u> Planned Community or Planned Unit Development (PCD/PUD) submittals.
app Ado mai	R ALL APPLICATIONS: All applicants are required to submit copies of all items submitted in hard copy with their identification (including this application form, the letter of intent, complete plan sets and elevations, etc.) as INDIVIDUA to be Acrobat PDF files compiled either on a non-returnable CD to be included with their application materials, or in an explicant to proper and applicant. Applicant are unable to provide the materials electronically should contact the Planning Unit at (608) 266-4635 for assistances.
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.
	<b>Pre-application Notification:</b> 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 <b>30</b> days prior to filing this request
	ightarrow 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.
	<b>Pre-application Meeting with staff:</b> <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 KEUIN FIRCYOW Date   Zoning Staff PATEICK AWARES   Date
Th	e signer attests that this form is accurately completed and all required materials are submitted:
Prin	nted Name Kerry MANN UNCREDITUNED Date 8/5/08
Sig	nted Name Kerry Mann UWCREDIS UNION Date 8/5/08  Inature Berry OMum Relation to Property Owner FACILITY MANAGER
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Aut	thorizing Signature of Property Owner House OMan Date 8/5/08

Effective June 26, 2006