



# 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 filling 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	\$50 Receipt No. 132704
Date Received	6/20/12
Received By	JVK
Parcel No.	0709-224-0507-6
Aldermanic District	13 Sue Ellingson
GQ	CW, WP-27
Zoning District	C2
For Complete Submittal	
Application	Letter of Intent <input checked="" type="checkbox"/>
IDUP	NA Legal Descript. <input type="checkbox"/>
Plan Sets	<input checked="" type="checkbox"/> Zoning Text NA <input type="checkbox"/>
Alder Notification	<input type="checkbox"/> Waiver <input type="checkbox"/>
Ngbrhd. Assn Not.	<input type="checkbox"/> Waiver <input type="checkbox"/>
Date Sign Issued	<input type="checkbox"/>

1. Project Address: 1445 Regent St. Madison Project Area in Acres: 1.174 Sq. feet  
Project Title (if any): Agrace Hospice Care Tailgate

2. This is an application for:

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

3. Applicant, Agent & Property Owner Information:

Applicant's Name: Marcia Whittington Company: Agrace Hospice Care  
Street Address: 5395 E. Cheryl Pkwy City/State: Madison WI Zip: 53711  
Telephone: (608) 276-4660 Fax: (608) 278-4380 Email: Charlene.malueg@agraceshospicecare.org

Project Contact Person: Charlene Malueg Company: Agrace Hospice Care  
Street Address: 5395 E. Cheryl Pkwy City/State: Madison WI Zip: 53711  
Telephone: (608) 327-7180 Fax: (608) 278-4380 Email: Charlene.malueg@agraceshospicecare.org

Property Owner (if not applicant): Ed Tallard  
Street Address: 1445 Regent Street City/State: Madison WI Zip: 53711

4. Project Information:

Provide a brief description of the project and all proposed uses of the site: beer garden  
fundraiser during Badger football games.

Development Schedule: Commencement Sept. 1, 2012 Completion November 24, 2012

**5. Required Submittals:**

+  **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:

- 7 copies of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)
- 7 copies of the plan set reduced to fit onto 11 inch by 17 inch paper (collated, stapled and folded)
- 1 copy of the plan set reduced to fit onto 8 1/2 inch by 11 inch paper

+  **Letter of Intent (12 copies):** describing this application in detail including, but not limited to: 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. For applications proposing rezoning to more than one district, a separate description of each district shall be submitted.

+  **Filing Fee: \$ 50** See the fee schedule on the application cover page. Make checks payable to: *City Treasurer.* (50?)

**Electronic Submittal:** 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 Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or in an e-mail sent to [pcapplications@cityofmadison.com](mailto:pcapplications@cityofmadison.com). The e-mail shall include the name of the project and applicant. Applicants unable to provide the materials electronically should contact the Planning Division at (608) 266-4635 for assistance.

**In Addition, The Following Items May Also Be Required With Your Application:**

- For any applications proposing demolition or removal of existing buildings, the following items are required:
  - Prior to the filing of an application, the applicant or his/her agent is required to notify a list of interested persons registered with the City **30 or 60 days prior to filing** their application using the online notification tool found at: <https://www.cityofmadison.com/developmentCenter/demolitionNotification/>
  - A photo array (6-12 photos) of the **interior and exterior** of the building(s) to be demolished or removed. A written assessment of the condition of the building(s) to be demolished or removed is highly recommended.
  - Note: A Reuse and Recycling Plan approved by the City's Recycling Coordinator is required prior to issuance of wrecking permits and the start of construction.

**Zoning Text (12 copies):** must accompany Planned Community or Planned Unit Development (PCD/PUD) submittals.

**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 COMPREHENSIVE PLANS Plan, which recommends:

NEIGHBORHOOD MIXED USE for this property.

+  **Pre-application Notification:** Section 28.12 of the Zoning Code requires that the applicant notify the district alder and any nearby neighborhood & business associations in writing 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:

ALD. SUE ELLINGSON, VILAS HA

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 and Planning Division staff; note staff persons and date.

Planning Staff: KEVIN FILLION Date: 5/22 Zoning Staff: MATT TUCKER Date: 5/22

**Check here if this project will be receiving a public subsidy.** If so, indicate type in your Letter of Intent.

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

Printed Name Marcia Whittington Date 6-18-12

Signature Marcia Whittington Relation to Property Owner \_\_\_\_\_

Authorizing Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_