LAND USE APPLICATION	FOR OFFICE USE ONLY:	
Madison Plan Commission	Amt. Paid #1200 Receipt-No. 74274	
215 Martin Luther King Jr. Blvd; Room LL-100	Date Received 9-6-06	
PO Box 2985; Madison, Wisconsin 53701-2985	Received By KW	
Phone: 608.266.4635 Facsimile: 608.267.8739	Parcel No. 0709-264-0711-9	
 The following information is <u>required</u> for all applications for Plan Commission review. 	Aldermanic District 13-Isadore Knox GQ ple	
 Please read all pages of the application completely and fill in all required fields. 	Zoning District	
This application form may also be completed online at www.cityofmadison.com/planning/plan.html	Application Letter of Intent	
All zoning application packages should be filed directly with the Zoning Administrator's desk.	IDUP WA Legal Descript. ————————————————————————————————————	
All applications will be reviewed against the applicable	Alder Notification Waiver	
standards found in the City Ordinances to determine if	Ngbrhd. Assn Not Waiver	
the project can be approved.	Date Sign Issued 9-6-06	
Project Title (if any): 2. This is an application for: (check at least one) Zoning Map Amendment (check only ONE box below for reference to	ezoning and fill in the blanks accordingly) Rezoning from C-3 to PUD/PGD-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: CLARENCE BROWN	Company: <u>BESHMINVESTMENT GROUP</u> LL	
Street Address: 1610 GILSON ST City/Sta	ite: Madisan WI zip: 53715	
Telephone: (608) 250-0099 Fax: (608) 239-0036 CLARENCE BROWN	Email: <u>banks development @ yarlos.co</u>	
Project Contact Person: ED BANKS	Company: SAME	
Street Address: City/Sta		
Telephone: () Fax: ()	Email:	
Property Owner (if not applicant):		
Street Address: City/Sta	tte: Zip:	
4. Project Information: Provide a general description of the project and all proposed use \$\frac{1}{2} PEPLACE \ \text{N/13} APACTMENT \ D		

Development Schedule: Commencement

Completion Nov 2007

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_J,_K	equired Submittals:	
, a	ite Plans submitted as follows below and depicts all lot lines; existing, altered, demolished or proposed buildings; parking reas and driveways; sidewalks; location of any new signs; existing and proposed utility locations; building elevations and oor plans; landscaping, and a development schedule describing pertinent project details:	
	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	
a la a	etter of Intent: Twelve (12) copies describing this application in detail but not limited to, including: existing conditions nd uses of the property; development schedule for the project; names of persons involved (contractor, architect, andscaper, business manager, etc.); types of businesses; number of employees; hours of operation; square footage or creage of the site; number of dwelling units; sale or rental price range for dwelling units; gross square footage of uilding(s); number of parking stalls, etc.	
Δl	$oldsymbol{ ext{egal Description of Property:}} oldsymbol{ ext{Lot}(s)}$ of record or metes and bounds description prepared by a land surveyor. $oldsymbol{ ext{See}}$ $oldsymbol{ ext{S}}$;
	iling Fee: \$ 1,2000 See the fee schedule on the application cover page. Make checks payable to: City Treasurer.	51
IN A	DDITION, THE FOLLOWING ITEMS MAY ALSO BE REQUIRED WITH YOUR APPLICATION; SEE BELOW:	
ky p	for any applications proposing demolition of existing (principal) buildings, photos of the structure(s) to be demolished shall e submitted with your application. Be advised that a <i>Reuse and Recycling Plan</i> approved by the City's Recycling Coordinator is required to be approved by the City prior to issuance of wrecking permits.	
r la	project proposing ten (10) or more dwelling units may be required to comply with the City's Inclusionary Zoning equirements outlined in Section 28.04 (25) of the Zoning Ordinance. A separate INCLUSIONARY DWELLING UNIT PLAN pplication detailing the project's conformance with these ordinance requirements shall be submitted concurrently with this pplication form. Note that some IDUP materials will coincide with the above submittal materials.	
	Zoning Text must accompany <u>all</u> Planned Community or Planned Unit Development (PCD/PUD) submittals.	
applio Acrol <u>pcap</u>	ALL APPLICATIONS: All applicants are required to submit copies of all items submitted in hard copy with their cation (including this application form, the letter of intent, complete plan sets and elevations, etc.) as INDIVIDUAL Adobe part PDF files compiled either on a non-returnable CD to be included with their application materials, or in an e-mail sent to polications@cityofmadison.com. The e-mail shall include the name of the project and applicant. Applicants who are unable to by the materials electronically should contact the Planning Unit at (608) 266-4635 for assistance.	
6. A	pplicant 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 PAY CREEK NEIGHBOD Plan, which recommends:	
<u> </u>	SOUTH MADISON NEIGHBOLHOOD RAN for this property.	
F	Pre-application Notification: Section 28.12 of the Zoning Ordinance requires that the applicant notify the district alder and ny 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:	
e Ii	TSAPPE KNOX, FOY CREEK NEIGHBOLHOOD AGOCC, APPIL 2004 to the alder has granted a waiver to this requirement, please attach any such correspondence to this form.	9
p	Pre-application Meeting with staff: Prior to preparation of this application, the applicant is required to discuss the roposed development and review process with Zoning Counter and Planning Unit staff; note staff persons and date. Planner GROUP MTO Date Date ZODO Zoning Staff GROUP MTO Date B. 2.000	
i fie .	signer attests that this form has been completed accurately and all required materials have been submitted:	
Print	ed Name Date 9.00.000	
Signa	Ature Relation to Property Owner ADCHITECT	
Auth	prizing Signature of Property Owner <u>CHBrown</u> Date <u>9-6-06</u>	