



SUBDIVISION 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

**** Please read both 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

NOTICE REGARDING LOBBYING ORDINANCE: If you are seeking approval of a development that has over 40,000 square feet of non-residential space, or a residential development of over 10 dwelling units, or if you are seeking assistance from the City with a value of \$10,000 (including grants, loans, TIF or similar assistance), then you likely are subject to Madison's lobbying ordinance (Sec. 2.40, MGO). You are required to register and report your lobbying. Please consult the City Clerk's Office for more information. Failure to comply with the lobbying ordinance may result in fines.

1a. Application Type. (Choose ONE)

Preliminary Subdivision Plat Final Subdivision Plat Land Division/ Certified Survey Map (CSM)

If a Plat, Proposed Subdivision Name: _____

1b. Review Fees. Make checks payable to "City Treasurer."

- For **Preliminary** and **Final Plats**, an application fee of \$200, plus \$35 per lot or outlot contained on the plat drawing.
- For **Certified Survey Maps**, an application fee of \$200 plus \$150 per lot and outlot contained on the certified survey.

2. Applicant Information.

Name of Property Owner: Harold Willmore Representative, if any: Scott Faust
Street Address: 210 N. Gasset St. #100 City/State: Madison WI Zip: 53703
Telephone: (608) 345-9500 Fax: (608) 256-9518 Email: Scott@rentmadison.com

Firm Preparing Survey: Birrenkott Surveying INC. Contact: Dan
Street Address: 1677 N. Bristol St. City/State: Sun Prairie, WI Zip: 53590
Telephone: (608) 837-7463 Fax: (608) 837-1081 Email: _____

Check only ONE - ALL Correspondence on this application should be sent to: Property Owner Survey Firm

3a. Project Information.

Parcel Address: 2724 Waunona Way in the City or Town of: Madison
Tax Parcel Number(s): 071030202015 School District: Madison
Existing Zoning District(s): RI Residential Single family Development Schedule: ASAP
Proposed Zoning District(s) (if any): _____ **Please provide a Legal Description on your CSM or plat.**

3b. For Surveys Located Outside the Madison City Limits in the City's Extraterritorial Jurisdiction:

Date of Approval by Dane County: _____ Date of Approval by Town: _____

In order for an extraterritorial request to be accepted, a copy of the approval letters from both the town and Dane County must be submitted.

Is the subject site proposed for annexation? No Yes If YES, approximate timeframe: _____

4. Survey Contents and Description. Complete table as it pertains to the survey; do not complete gray areas.

| Land Use | Lots | Outlots | Acres |
|---------------------------|------|---------|-------|
| Residential | 2 | | |
| Retail/Office | | | |
| Industrial | | | |
| Outlots Dedicated to City | | | |
| Homeowner Assoc. Outlots | | | |
| Other (state use) | | | |
| TOTAL | 2 | | |

| Describe the use of the lots and outlots on the survey |
|--|
| Residential Single family |
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OVER →

5. **Required Submittals.** Your application is required to include the following (check all that apply):

Surveys (prepared by a Registered Land Surveyor):

- For Preliminary Plats, **eighteen (18) copies** of the drawing drawn to scale are required. The drawing is required to provide all information as it pertains to the proposed subdivision as set forth in Section 16.23 (7)(a) of the Madison General Ordinances. The drawings shall include, but are not limited to, a description of existing site conditions and natural features, delineation of all public and private utilities that serve the site (denote field located versus record drawings), the general layout of the proposed subdivision, the dimensions of lots and outlots, widths of existing and proposed rights of way, topographic information, and any other information necessary for the review of the proposed subdivision.
- For Final Plats, **sixteen (16) copies** of the drawing are required to be submitted. The final plat shall be drawn to the specifications of Section 236.20 of the Wisconsin Statutes.
- For Certified Survey Maps (CSM), **sixteen (16) copies** of the drawing are required. The drawings shall include all of the information set forth in Sections 16.23 (7)(a) & (d) of the Madison General Ordinances, including existing site conditions, the nature of the proposed division and any other necessary data. Utility data (field located or from utility maps) may be provided on a separate map submitted with application.
- All surveys submitted with this application are required to be collated, stapled and folded so as to fit within an 8 1/2" X 14" folder. An **8-1/2 X 11-inch reduction of each sheet** shall also be submitted.

Report of Title and Supporting Documents: All plats and certified surveys submitted for approval shall include a Report of Title satisfactory to the Real Estate Division as required in Section 16.23 of the Madison General Ordinances. A minimum of **two (2) copies** of the City of Madison standard 60/30 year Report of Title shall be obtained from a title insurance company. **Title insurance or a title commitment policy is NOT acceptable** (i.e. a Preliminary Title Report or a Record Information Certificate). The owner or applicant must deliver a **third copy** of the Report of Title to the survey firm preparing the plat or CSM. The applicant shall submit a copy of all documents listed in the Report of Title for each copy of the report submitted.

For any plat or CSM creating common areas to be maintained by private association: Two copies of proposed development restrictions and covenants shall be submitted for City approval prior to recording of the survey instrument.

For Residential Preliminary Plats ONLY: If the proposed project will result in **ten or more dwelling units**, it is required to comply with the City's Inclusionary Zoning requirements under Section 28.04 (25) of the Zoning Ordinance. A separate *INCLUSIONARY ZONING DWELLING UNIT PLAN APPLICATION* explaining the project's conformance with these ordinance requirements shall be submitted with your application.

For Surveys Creating Residential Lots: The applicant shall include a certified copy of the accepted option or offer, including all terms of the purchase and any other information that may be deemed necessary by the Real Estate Division to assist them in determining Fair Market Value for the purpose of establishing park fees.

For Surveys Outside the Madison City Limits: A copy of the approval letters from both the town where the property is located and Dane County must be submitted with your request. The City of Madison may not consider a survey within its extraterritorial jurisdiction without prior **town and Dane County** approval.

For Surveys Conveying Land to the Public: A Phase I Environmental Site Assessment Report may be required if any interest in these lands are to be conveyed to the public. Please contact the City's Real Estate Division at 267-8719, ext. 305 for a determination as soon as possible.

Completed application and required fee (from Section 1b): Make all checks payable to "City Treasurer."

- **Electronic Application Submittal:** All applicants are required to submit a copy of the completed application form, legal description and preliminary and/or final plats or certified survey map as individual Adobe Acrobat PDF files compiled either on a non-returnable CD-ROM to be included with their application materials, or in an e-mail sent to pcapplications@cityofmadison.com. The transmittal shall include the name of the project and applicant. Applicants unable to provide the materials electronically should contact the Planning Unit at 266-4635 for assistance.

The signer attests that the application has been completed accurately and all required materials have been submitted:

Applicant's Printed Name Harold J. Willmore Signature Harold J. Willmore

Date _____ Interest In Property On This Date _____

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|---------------------|-------------------|---------------|-----------------------|-----------------------|
| For Office Use Only | Date Rec'd: _____ | PC Date _____ | Alder District: _____ | Amount Paid: \$ _____ |
|---------------------|-------------------|---------------|-----------------------|-----------------------|