LAND USE APPLICATION	FOR OFFICE USE ONLY:						
<b>Madison Plan Commission</b>	Amt. Paid SSO Receipt No. 95/00						
215 Martin Luther King Jr. Blvd; Room LL-100	Date Received 4/1/05						
PO Box 2985; Madison, Wisconsin 53701-2985	Received By PF						
Phone: 608.266.4635   Facsimile: 608.267.8739	Parcel No. 0305-231-0314-0						
<ul> <li>The following information is <u>required</u> for all applications for Plan Commission review.</li> </ul>	Aldermanic District 4- Vervee  GQ CY  Zoning District 3  For Complete Submittel  Application Letter of Intent  IDUP Legal Descript.						
<ul> <li>Please read all pages of the application completely and fill in all required fields.</li> </ul>							
<ul> <li>This application form may also be completed online at <u>www.cityofmadison.com/planning/plan.html</u></li> </ul>							
<ul> <li>All zoning application packages should be filed directly with the Zoning Administrator's desk.</li> </ul>	Plan Sets Zoning Text						
<ul> <li>All applications will be reviewed against the applicable standards found in the City Ordinances to determine if the project can be approved.</li> </ul>	Alder Notification Waiver Ngbrhd. Assn Not Waiver Date Sign Issued						
1. Project Address: 322 West Johnson Street	Project Area in Acres:						
Project Title (if any): 322 West Johnson Street							
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						
10pm3.5							
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: Fred Mohs	Company: MOHS, BRAND, & MCCAUGHEY						
	te: Madison WI Zip: 537036						
Telephone: ( 608) 256-1978	Email: fred@mmwp-law.com						
Project Contact Person: Arlan Kay , Jason Ekstrom	Company: Architecture Network Inc						
Street Address: 116 E. Dayton St City/Sta	te: Madison WI zip: 53703						
Telephone: (608) 251.7515 Fax: (608) 251.7566	Email: Arlan_archnet@tds.net						
Property Owner (if not applicant):							
Street Address: City/Sta	te: Zip:						
4. Project Information:							
Provide a general description of the project and all proposed uses of the site:  Demolition of an existing wood deck.							
Construct a new outdoor dining area located in the existing parking lot with a capacity of 100.							
Construct a new outdoor dining area located in the existing park	ng lot with a capacity of 100.						
The new patio shall be constructed of 48" tall brick perimeter wa							

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:

• Seven (7) copies of a full-sized plan set drawn to a scale of one inch equals 20 feet (collated and folded)

• Sev	ren (7) copies of t	the plan set re	duced to fit onto	11 inch by 17 inc	ch paper (collated, s	tapled and fo	ided)
• One	e (1) copy of the p	olan set reduce	ed to fit onto 8 1/2	inch by 11 inch p	paper		
and u landso acrea	ises of the prope caper, business m	erty; developmenanager, etc.); umber of dwell	ent schedule for types of busines ling units; sale o	the project; na ses; number of e	il but not limited to, mes of persons inv mployees; hours of nge for dwelling un	olved (controperation; so	actor, architect, uare footage or
Legal	Description of F	Property: Lot(	(s) of record or m	etes and bounds	description prepare	ed by a land s	surveyor.
K Filing	Fee: \$ 550	_ See the fee :	schedule on the	application cover	page. Make checks	s payable to:	City Treasurer.
IN ADDIT	TON, THE FOLLO	OWING ITEMS	MAY ALSO BE	REQUIRED WIT	TH YOUR APPLICA	TION; SEE	BELOW:
be su	ibmitted with you	r application. I	Be advised that	a Reuse and R	s, photos of the struc e <i>cycling Plan</i> appro wrecking permits.		
requir applic	ements outlined in ation detailing the	Section 28.04 project's confe	(25) of the Zonin ormance with the	g Ordinance. A se se ordinance requ	ed to comply with the eparate INCLUSION uirements shall be su above submittal mat	ARY DWELL bmitted conc	ING UNIT PLAN
A Zor	ning Text must acc	company <u>all</u> Pl	lanned Commun	ty or Planned Ur	nit Development (PC	D/PUD) sub	mittals.
Acrobat P pcapplica to provide 6. Appli Confe	DF files compiled tions@cityofmadie the materials elecant Declarati	either on a nor son.com. The e ctronically sho ons: lopted City pla	n-returnable CD to e-mail shall include ould contact the F ans: Applications	o be included with le the name of the lanning Unit at (	sets and elevations their application ma e project and applica 608) 266-4635 for a rdance with all adop	aterials, or in int. Applicants ssistance. oted City of M	an e-mail sent to s who are unable
							this property.
any n → <i>Li</i>	earby neighborho	ood or business erson, Neighbor	s associations by hood Association(	mail no later tha	quires that the applic in <b>30</b> days prior to fi ciation(s) AND dates y	ant notify the ling this requ	district alder and est:
If the	alder has granted a	waiver to this re	equirement, please	attach any such d	orrespondence to this	form.	
Pre-a	application Meeti	ing with staff: t and review pr	: <u>Prior</u> to prepartocess with Zonir	ation of this app g Counter and P	lication, the applica lanning Unit staff; n	nt is required ote staff pers	ons and date.
Plann	er_Heather Stoud	ler Da	ate 31 March 09	Zoning Staff Z	PATRICIC AND	DENSON bat	e <i>3/3//09</i>
The sign	er attests that th	is form has b	een completed	accurately and	all required materi	als have bee	en submitted:
Printed N	ame Arlan Kay	AIA Archite	cture Network			Date 31 Ma	arch 2009
Signature	•	when	kny .	Relation	to Property Owner _	Agent	
	ng Signature of Pr	operty Owner	James	This.		Date 31 Ma	arch 2009