



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 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 www.cityofmadison.com/planning/plan.html
- All zoning applications should be filed directly with the Zoning Administrator.

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
GQ _____	
Zoning District _____	
<i>For Complete Submittal</i>	
Application _____	Letter of Intent _____
IDUP _____	Legal Descript. _____
Plan Sets _____	Zoning Text _____
Alder Notification _____	Waiver _____
Ngrbrhd. Assn Not. _____	Waiver _____
Date Sign Issued _____	

1. Project Address: 344 SOUTH YELLOWSTONE DR Project Area in Acres: 0.47

Project Title (if any): NEW DENTAL CLINIC FOR DR. DAVE DUCOMMIN

2. This is an application for: (check at least one)

<input type="checkbox"/> Zoning Map Amendment (check only ONE box below for rezoning and fill in the blanks accordingly)		
<input type="checkbox"/> Rezoning from _____ to _____	<input type="checkbox"/> Rezoning from _____ to PUD/ PCD-SIP	
<input type="checkbox"/> Rezoning from _____ to PUD/ PCD-GDP	<input type="checkbox"/> Rezoning from PUD/PCD-GDP to PUD/PCD-SIP	
<input checked="" type="checkbox"/> Conditional Use	<input checked="" type="checkbox"/> Demolition Permit	<input type="checkbox"/> Other Requests (Specify): _____

3. Applicant, Agent & Property Owner Information:

Applicant's Name: JOHN BIENO Company: TJK DESIGN BUILD

Street Address: 634 WEST MAIN ST City/State: MADISON, WI Zip: 53703

Telephone: (608) 257 1090 Fax: (608) 257 1092 Email: jjbieno@tjkdesignbuild.com

Project Contact Person: JOHN BIENO Company: TJK DESIGN BUILD

Street Address: 634 WEST MAIN ST City/State: MADISON, WI Zip: 53703

Telephone: (608) 257 1090 Fax: (608) 257 1092 Email: jjbieno@tjkdesignbuild.com

Property Owner (if not applicant): THE CAREY GROUP - KEVIN CAREY

Street Address: 2801 COLUM ST, STE 101 City/State: MADISON, WI Zip: 53715

4. Project Information:

Provide a general description of the project and all proposed uses of the site: WE PROPOSE DEMOLITION OF EXISTING WOOD FRAME STRUCTURE AND THE RE-DEVELOPMENT OF THE PROPERTY FOR A DENTAL CLINIC

Development Schedule: Commencement OCTOBER 1, 2008 Completion FEBRUARY 1, 2009

CONTINUE →

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)
 - **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 1/2 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.
- 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.
- Filing Fee: \$ 550-** See the fee schedule on the application cover page. Make checks payable to: *City Treasurer.*

IN ADDITION, THE FOLLOWING ITEMS MAY ALSO BE REQUIRED WITH YOUR APPLICATION; SEE BELOW:

- For any applications proposing demolition of existing buildings, **photos** of the interior and exterior of the structure(s) to be demolished shall be submitted with your application. Be advised that a **Reuse and Recycling Plan** approved by the City's Recycling Coordinator is required prior to issuance of wrecking permits.
- A project proposing **ten (10) or more dwelling units** may be required to comply with the City's Inclusionary Zoning requirements outlined in Section 28.04 (25) of the Zoning Ordinance. A separate INCLUSIONARY DWELLING UNIT PLAN 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 submittal materials.
- A **Zoning Text** must accompany **all** Planned Community or Planned Unit Development (PCD/PUD) submittals.

FOR ALL APPLICATIONS: 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 **INDIVIDUAL** Adobe Acrobat PDF files compiled either on a non-returnable CD to be included with their application materials, or in an e-mail sent to pcapplications@cityofmadison.com. The e-mail shall include the name of the project and applicant. Applicants who are unable to provide the materials electronically should contact the Planning Unit at (608) 266-4635 for assistance.

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: COMPREHENSIVE Plan, which recommends: GENERAL COMMERCIAL for this property.
- Pre-application Notification:** 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 **30** days prior to filing this request:
 - List below the Alderperson, Neighborhood Association(s), Business Association(s) AND dates you sent the notices:

WAIVER PER ALDER MARK CLEAR ON 6.16.2008
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 Counter and Planning Unit staff; note staff persons and date.

Planner N/A PER MATT TUCKER Date _____ | Zoning Staff MATT TUCKER Date 6.13.2008

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

Printed Name Jorge A. Biello Date 8.6.08
 Signature [Signature] Relation to Property Owner ARCHITECT
 Authorizing Signature of Property Owner [Signature] Date 8/6/08