

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 using the <u>Subdivision Application</u>.
- A separate Urban Design Commission application is no longer required for projects requiring both Urban Design Commission and Plan Commission approvals.
- This form may also be completed online at <a href="http://www.cityofmadison.com/developmentcenter/landdevelopment">http://www.cityofmadison.com/developmentcenter/landdevelopment</a>
- All Land Use Applications should be filed with the Zoning Administrator at the above address.

Project Title (if any): UWHC East Side Development

4602 Eastpark Blvd.

1. Project Address:

Effective August 31, 2012

FOR OFFICE US	EONLY: 138727	
Amt. Paid 2700 - Reco	eipt No. 138726	
Date Received 12/19/17	2	
Received By かんり		
Parcel No. <u>0810</u> 153	-0205-3	
Aldermanic District 17 - 0		
GQ ENG - DNR	WETLANDS	
Zoning District 03,04		
For Complete Su		
Application Lette		
	Descript.	
	ng Text	
Alder Notification	Waiver	
Ngbrhd. Assn Not.	Waiver	
Date Sign Issued 12/19	17	
Project Area in Acres: 41.5 Acres  Id Use Application): to  Major Amendment to Approved PD-SIP Zoning  ditional Use		
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to  Major Amendment to Approductional Use  he Plan Commission Only  Company: University of Wisconsin Homalison, WI  Email: rturner@uwhealth.company: J.H. Findorff and Son, Madison, WI	pspital and Clinics Authority Zip: 53792-8360 prg Inc. Zip: 53703	

**CONTINUE** →

2. This is an application for (Check all that apply to your Land Use Application):		
☐ Zoning Map Amendment from		
☐ Major Amendment to Approved PD-GDP Zoning ☐ Major Amendment to Approved PD-SIP Zoning		
✓ Conditional Use, or Major Alteration to an Approved Conditional Use		
☐ Demolition Permit		
Review of Minor Alteration to Planned Development by the Plan Commission Only		
3. Applicant, Agent & Property Owner Information:		
Applicant's Name: Ralph Turner Company: University of Wisconsin Hospital and Clinics Authority		
Street Address: 600 Highland Avenue City/State: Madison, WI zip: 53792-8360		
Telephone: (608) 263-9207 Fax: ( ) Email: rturner@uwhealth.org		
Project Contact Person: Clark Solowicz, P.E. Company: J.H. Findorff and Son, Inc.		
Street Address: 300 South Bedford Street City/State: Madison, WI Zip: 53703		
Telephone: (608) 441-6882 Fax: ( ) Email: csolowicz@findorff.com		
Property Owner (if not applicant):		
Street Address: City/State: Zip:		
4. Project Information:		
Provide a brief description of the project and all proposed uses of the site: Plans call for more than 50 inpatient hospital		
rooms, operating rooms, and clinical exam rooms. UW Health also will provide urgent care access and a fitness/wellness center.		
Development Schedule: Commencement Completion		

<b>✓</b>	Site Plans, fully dimensioned and describing pertinent project details, submitted as follows below and depicting all lot lines; existing, altered, demolished and/or proposed buildings; parking areas and driveways; sidewalks; the location of any new signs; existing and proposed utility locations; building elevations, materials and floorplans, and; landscaping:
	• Seven (7) copies of a full-sized plan set drawn to a scale of 1 inch = 20 feet (collated, stapled and folded)
	• Twenty (20) copies of the plan set reduced to fit onto 11 X 17-inch paper (collated, stapled and folded)
	<ul> <li>For projects also being reviewed by the <u>Urban Design Commission</u>, twelve (12) additional 11 X 17-inch copies.</li> </ul>
	• One (1) copy of the plan set reduced to fit onto 8 ½ X 11-inch paper
7	···
<b>√</b>	Filing Fee: Refer to the Land Use Application Information & Fee Schedule. Make checks payable to: City Treasurer.
<b>I</b>	<b>Electronic Submittal:</b> 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, etc.) as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or by e-mail to <a href="mailto:pcapplications@cityofmadison.com">pcapplications@cityofmadison.com</a> .
In .	Addition, The Following Items May Also Be Required With Your Application:
	Legal Description of Property: For any application for rezoning, the description must be submitted as an <u>electronic word document</u> via CD or e-mail. For applications requesting rezoning to more than one district, a separate description of each district shall be submitted.
	For any applications proposing <b>Demolition or Removal</b> of existing buildings, the following items are required:
	<ul> <li>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: <a href="https://www.cityofmadison.com/developmentCenter/demolitionNotification/">https://www.cityofmadison.com/developmentCenter/demolitionNotification/</a></li> </ul>
	<ul> <li>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.</li> </ul>
	<ul> <li>Approval of a Reuse &amp; Recycling Plan by the City's Recycling Coordinator is required prior to issuance of permits.</li> </ul>
	A <b>Zoning Text</b> shall accompany <u>all</u> Planned Development District (PD/PCD/PUD) applications.
6. /	Applicant Declarations:
П	Conformance with adopted City plans. The site is leasted within the limits of the
نسا	Conformance with adopted City plans: The site is located within the limits of the for this property.
V	<b>Pre-application Notification:</b> Section 28.12 of the Zoning Code requires that the applicant notify the district alder and any nearby neighborhood and business associations in writing no later than <b>30</b> days prior to filing this request. List the alderperson, neighborhood association(s), and business association(s) AND the dates you sent the notices:
	→ If a waiver has been granted to this requirement, please attach any correspondence to this effect to this form.
	Pre-application Meeting with Staff: <a href="Prior">Prior</a> 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: <a href="Point: 2019/12">Poate:</a>
$\rightarrow$	The applicant attests that this form is accurately completed and all required materials are submitted:
	me of Applicant RALPH TORNER Relation to Property Owner VICE PRESIDENT - Tack thorizing Signature of Property Owner Date 19 Date 19
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5. Required Submittals: