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| LAND USE APPLICATION | FOR OFFICE USE ONLY: | | | |
|---|--|--|--|--|
| Hadison Plan Commission | Amt. Paid <u>500</u> Receipt No. 74275 | | | |
| 215 Martin Luther King Jr. Blvd; Room LL-100 | Date Received 9-6-06 | | | |
| PO Box 2985; Madison, Wisconsin 53701-2985 | Received By KAU | | | |
| Phone: 608.266.4635 Facsimile: 608.267.8739 | Parcel No. <u>6709-173-6/07-3</u> | | | |
| The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed with the <u>Subdivision Application</u>. | Aldermanic District 19 - Noel Radomski' GQ exist Cu - I - I ood Plain - Wafey Zoning District R-2 For Complete Submittal Application Letter of Intent IDUP WA Legal Descript. | | | |
| 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 | Plan Sets Zoning Text WA Alder Notification Waiver | | | |
| All zoning applications should be filed directly with the Zoning Administrator. | Ngbrhd. Assn Not. Waiver Date Sign Issued | | | |
| 49771 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| 1. Project Address: 4922 Lake Mendota Dive Project Area in Acres: 4 Acres | | | | |
| Project Title (if any): Dr. Michael Shapiro ResideNCE (17,970 & A. | | | | |
| 2. This is an application for: (check at least one) | | | | |
| Zoning Map Amendment (check only ONE box below for rezoning and fill in the blanks accordingly) | | | | |
| ☐ Rezoning from to ☐ | Rezoning from to PUD/ PCD-SIP | | | |
| ☐ Rezoning from to PUD/ PCD-GDP ☐ Rezoning from PUD/PCD-GDP to PUD/PCD-SIP | | | | |
| ☑ Conditional Use ☐ Demolition Permit ☐ Ot | her Requests (Specify): | | | |
| 3. Applicant, Agent & Property Owner Information: | | | | |
| Applicant's Name: <u>James Spahr</u> Com | pany: LandMark Blog. Systems | | | |
| Street Address: 26 Maple View Ct., City/State: Madison, Wi. zip: 53719 | | | | |
| Telephone: (608) 235-6499 Fax: (608) 273-0221 Email: AJ Spahr at Chartel. Net | | | | |
| Project Contact Person: James Spann company: Landmark Bldg. Systems | | | | |
| Street Address: 26 Maple View Ct City/State: Madison, WI zip: 53719 | | | | |
| Telephone: (608) 235-6499 Fax: (608) 273-022 Email: A) Spahra Charter. Not | | | | |
| Property Owner (if not applicant): Michael Shapino | | | | |
| Street Address: 4922 Lake Meniota On City/State: Madison, WI zip: 53705 | | | | |
| 4. Project Information: | | | | |
| Provide a general description of the project and all proposed uses of the site: We are currently | | | | |
| 18-Modeling the existing home we wish to remove the existing | | | | |
| garage AND ENCIOSED DECK area to construct a NEW garage With living space | | | | |
| ADVE. Development Schedule: Commencement Looks Approval Completion A.S.A.P. | | | | |

| 5./Required Submittals: | | • | |
|---|--|--|--|
| parking areas and driveways; elevations and floor plans; la | sidewalks; location of any indecaping, and a developm | new signs; existing and pri ent schedule describing po | |
| • Seven (7) copies of a fu | ill-sized plan set drawn to a | a scale of one inch equals | 20 feet (collated and folded) |
| | | | (collated, stapled and folded) |
| <i>y</i> . | n set reduced to fit onto 8 % | · · · · · · · · · · · · · · · · · · · | |
| conditions and uses of the pro architect, landscaper, busine | perty; development schedo ss manager, etc.); types o the site; number of dwellin | ule for the project; names f businesses; number of o g units; sale or rental price | ot limited to, including: existing of persons involved (contractor, employees; hours of operation; e range for dwelling units; gross |
| ☐ Legal Description of Prope | rty: Lot(s) of record or me | tes and bounds description | n prepared by a land surveyor. |
| | | | Make checks payable to: City |
| IN ADDITION, THE FOLLOWIA | IG ITEMS MAY ALSO BE F | REQUIRED WITH YOUR | APPLICATION; SEE BELOW: |
| ☐ For any applications proposing | g demolition of existing build mitted with your application | lings, photos of the interion. Be advised that a Reus e | or and exterior of the structure(s) |
| requirements outlined in Sect PLAN application detailing t | tion 28.04 (25) of the Zonin he project's conformance | g Ordinance. A separate I with these ordinance rec | ith the City's Inclusionary Zoning NCLUSIONARY DWELLING UNIT quirements shall be submitted ncide with the above submittal |
| ☐ A Zoning Text must accomp | any <u>all</u> Planned Community | or Planned Unit Developn | nent (PCD/PUD) submittals. |
| FOR ALL APPLICATIONS: All a application (including this applicat Adobe Acrobat PDF files compiled mail sent to pcapplications@cityon who are unable to provide the materials. | ion form, the letter of intent either on a non-returnable (<i>madison.com</i> . The e-mail sh | t, complete plan sets and e CD to be included with their all include the name of the | levations, etc.) as INDIVIDUAL application materials, or in an e- |
| 6. Applicant Declarations: | | | • |
| ☐ Conformance with adopted | City plans: Applications sh | all be in accordance with a | II adopted City of Madison plans: |
| → The site is located within the | limits of the: Madison) | Naterfront Propertie | S Plan, which recommends: |
| | | 1 | for this property. |
| Pre-application Notification alder and any nearby neighbor | n: Section 28.12 of the Zoni hood or business associatio | ng Ordinance requires that ns by mail no later than 30 | t the applicant notify the district days prior to filing this request: |
| ightarrow List below the Alderperson, N | eighborhood Association(s), Bu | usiness Association(s) AND da | ates you sent the notices: |
| Noel Kadomski | | | |
| NOTE: If the alder has granted a | waiver to this requirement, ple | ease attach any such correspo | ondence to this form. |
| Pre-application Meeting wi | th staff: Prior to preparation | n of this application, the ap | plicant is required to discuss the aff; note staff persons and date. |
| | Date Zo | | |
| The signer attests that this fo | | | |
| Printed Name \ \ames \ames \ AMRS \ \ \ | Dahr | • | Date 9/5/06 |
| Signature Ama Deh | | Relation to Property Owner _ | |
| Authorizing Signature of Property Ov | vner Midd Sloves | | aklala |
| Effective January 18, 2006 | mer Than Your | | Date |
| | / | | |