



# LAND USE APPLICATION

CITY OF MADISON

215 Martin Luther King Jr. Blvd; Room LL-100  
PO Box 2985; Madison, Wisconsin 53701-2985  
Phone: 608.266.4635 | Facsimile: 608.267.8739

- All Land Use Applications should be filed with the Zoning Administrator at the above address.
- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the Subdivision Application.
- This form may also be completed online at:  
[www.cityofmadison.com/developmentcenter/landdevelopment](http://www.cityofmadison.com/developmentcenter/landdevelopment)

## FOR OFFICE USE ONLY:

Amt. Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Received By \_\_\_\_\_  
Parcel No. \_\_\_\_\_  
Aldermanic District \_\_\_\_\_  
Zoning District \_\_\_\_\_  
Special Requirements \_\_\_\_\_  
Review Required By:  
☐ Urban Design Commission ☐ Plan Commission  
☐ Common Council ☐ Other: \_\_\_\_\_

Form Effective: February 21, 2013

1. **Project Address:** 5115 N. Biltmore Lane  
**Project Title (if any):** Madison Rehabilitation Hospital

## 2. This is an application for (Check all that apply to your Land Use Application):

- ☐ Zoning Map Amendment from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Major Amendment to Approved PD-GDP Zoning ☐ Major Amendment to Approved PD-SIP Zoning
- ☐ Review of Alteration to Planned Development (By Plan Commission)
- ☒ Conditional Use, or Major Alteration to an Approved Conditional Use
- ☐ Demolition Permit
- ☐ Other Requests: \_\_\_\_\_

## 3. Applicant, Agent & Property Owner Information:

**Applicant Name:** Ralph Turner **Company:** University of Wisconsin Hospitals & 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:** Andrew Howick, Director **Company:** University of Wisconsin Hospitals & Clinics Authority  
**Street Address:** 600 Highland Avenue Room H4/878 **City/State:** Madison, WI **Zip:** 53792-8340  
**Telephone:** (608) 263-9160 **Fax:** (608) 263-9830 **Email:** ahowick@uwhealth.org

**Property Owner (if not applicant):** University of Wisconsin Hospital and Clinics Authority c/o Ralph Turner  
**Street Address:** 600 Highland Avenue **City/State:** Madison, WI **Zip:** 53792-8360

## 4. Project Information:

**Provide a brief description of the project and all proposed uses of the site:** Plans call for the construction of a 50 bed Inpatient Rehabilitation Hospital that shall include patient care units, a dedicated Rehab Gym, Dining and Cafeteria, and support services needed to support the patients needs.

**Development Schedule:** Commencement \_\_\_\_\_ Completion \_\_\_\_\_

## 5. Required Submittal Information

All Land Use applications are required to include the following:

☒ **Project Plans** including:\*

- Site Plans (fully dimensioned plans depicting project details including all lot lines and property setbacks to buildings; demolished/proposed/alterd buildings; parking stalls, driveways, sidewalks, location of existing/proposed signage; HVAC/Utility location and screening details; useable open space; and other physical improvements on a property)
- Grading and Utility Plans (existing and proposed)
- Landscape Plan (including planting schedule depicting species name and planting size)
- Building Elevation Drawings (fully dimensioned drawings for all building sides, labeling primary exterior materials)
- Floor Plans (fully dimensioned plans including interior wall and room location)

Provide collated project plan sets as follows:

- **Seven (7) copies** of a full-sized plan set drawn to a scale of 1 inch = 20 feet (folded or rolled and stapled)
- **Twenty Five (25) copies** of the plan set reduced to fit onto 11 X 17-inch paper (folded and stapled)
- **One (1) copy** of the plan set reduced to fit onto 8 ½ X 11-inch paper

\* For projects requiring review by the **Urban Design Commission**, provide **Fourteen (14) additional 11x17 copies** of the plan set. In addition to the above information, all plan sets should also include: 1) Colored elevation drawings with shadow lines and a list of exterior building materials/colors; 2) Existing/proposed lighting with photometric plan & fixture cutsheet; and 3) Contextual site plan information including photographs and layout of adjacent buildings and structures. The applicant shall bring samples of exterior building materials and color scheme to the Urban Design Commission meeting.

☒ **Letter of Intent: Provide one (1) Copy per Plan Set** describing this application in detail including, but not limited to:

- |   |   |  |
|---|---|--|
| • Project Team                                | • Building Square Footage                       | • Value of Land  |
| • Existing Conditions                         | • Number of Dwelling Units                      | • Estimated Project Cost                                     |
| • Project Schedule                            | • Auto and Bike Parking Stalls                  | • Number of Construction & Full-Time Equivalent Jobs Created |
| • Proposed Uses (and ft <sup>2</sup> of each) | • Lot Coverage & Usable Open Space Calculations | • Public Subsidy Requested                                   |
| • Hours of Operation                          |   |  |

☒ **Filing Fee:** Refer to the Land Use Application Instructions & Fee Schedule. Make checks payable to: *City Treasurer*.

☒ **Electronic Submittal:** All applicants are required to submit copies of all items submitted in hard copy with their application as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or by e-mail to [pcapplications@cityofmadison.com](mailto:pcapplications@cityofmadison.com).

☐ **Additional Information** may be required, depending on application. Refer to the Supplemental Submittal Requirements.

## 6. Applicant Declarations

☒ **Pre-application Notification:** The Zoning Code requires that the applicant notify the district alder and any nearby neighborhood and business associations in writing no later than **30 days prior to FILING this request**. List the alderperson, neighborhood association(s), and business association(s) AND the dates you sent the notices:  
Joe Clausius, 2/25/14

→ If a waiver has been granted to this requirement, please attach any correspondence to this effect 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 and Planning Division staff; note staff persons and date.

Planning Staff: Development Assistance Team Date: 3/6/2014 Zoning Staff: Development Assistance Team Date: 3/6/2014

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

Name of Applicant Ralph Turner Relationship to Property: VP Facilities

Authorizing Signature of Property Owner  Date 7 May 2014