

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.
- 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 application packages should be filed directly with the Zoning Administrator's desk.
- Application effective February 18, 2005

FOR OFFICE USE ONLY:

Amt. Paid N/A Receipt No.
Date Received 23 JUNE 2005
Received By Parks/Tucker
Parcel No. 251-0810-344-1801-3
Aldermanic District 17-ROSAS
GQ Ag EN-Hold
Zoning District TEMP A
For Complete Submittal
Application ☒ Letter of Intent ☒
IDUP ☐ Legal Descript. ☒
Plan Sets N/A Zoning Text ☐
Alder Notification ☐ Waiver ☐
Ngrhhd. Assn Not. ☐ Waiver ☐
Date Sign Issued 24 JUNE 2005

1. **Project Address:** 5434 Commercial Ave. **Project Area in Acres:** 1.12

Project Title (if any): Lot 1, Eagle Crest Subdivision

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 checked="" type="checkbox"/> Rezoning from <u>A1</u> to <u>C1</u>	<input type="checkbox"/> Rezoning from <u> </u> to <u>PUD/PCD-SIP</u>	
<input type="checkbox"/> Rezoning from <u> </u> to <u>PUD/PCD-GDP</u>	<input type="checkbox"/> Rezoning from <u>PUD/PCD-GDP</u> to <u>PUD/PCD-SIP</u>	
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Demolition Permit	<input type="checkbox"/> Other Requests (Specify): <u> </u>

3. Applicant, Agent & Property Owner Information:

Applicant's Name: Lynn A. Goldade Company:

Street Address: 5434 Commercial Ave. City/State: Madison, WI Zip: 53704

Telephone: (608) 575-1498 Fax: () Email:

Project Contact Person: Francis Thousand Company: Arnold & O'Sheridan

Street Address: 1111 DEMING WAY City/State: Madison, WI Zip: 53717

Telephone: (608) 821-8530 Fax: (608) 821-8501 Email: fthousand@arnoldandosh Sheridan.com

Property Owner (if not applicant):

Street Address: City/State: Zip:

4. Project Information:

Provide a general description of the project and all proposed uses of the site: The parcel was zoned commercial in the Town of Burke prior to annexation. We intend to continue the same uses for the property.

Development Schedule: Commencement 2005 Completion 2005

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 ½ 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.

☐ **Filing Fee:** \$_____ 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 (principal) buildings, photos 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 to be approved by the City 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 for Zoning Map Amendments shall be in accordance with all adopted City of Madison land use plans:

→ The site is located within the limits of East Towne - Burke Heights Plan, which recommends:
Low density Residential 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:

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 Tim Parks Date June 15, 201 | Zoning Staff Matt Tucker Date June 20, 2

The signer attests that this form has been completed accurately and all required materials have been submitted:

Printed Name Lynn A. Ziegler Date 6-24-05
Signature Lynn A. Ziegler Relation to Property Owner Self
Authorizing Signature of Property Owner Lynn A. Ziegler Date 6-24-05