FOR OFFICE USE ONLY: LAND USE APPLICATION **Madison Plan Commission** Amt. Paid Receipt No. Date Received 215 Martin Luther King Jr. Blvd; Room LL-100 Received By PO Box 2985; Madison, Wisconsin 53701-2985 Parcel No. Phone: 608.266.4635 | Facsimile: 608.267.8739 Aldermanic District • 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. Zoning District • Before filing your application, please review the information For Complete Submittal regarding the **LOBBYING ORDINANCE** on the first page. Application Letter of Intent • Please read all pages of the application completely and fill in all **IDUP** Legal Descript. required fields. Plan Sets Zoning Text • This application form may also be completed online at Alder Notification Waiver www.cityofmadison.com/planning/plan.html • All Land Use Applications should be filed directly with the Ngbrhd. Assn Not. Waiver Zoning Administrator. Date Sign Issued GIO NORTH 1. Project Address: STREET **Project Area in Acres:** Project Title (if any): FOLMAL FEKED OPEN AIR ARGA ALCOHOLIC 2. This is an application for: Zoning Map Amendment (check the appropriate box(es) in only one of the columns below) Rezoning to a Non-PUD or PCD Zoning Dist.: Rezoning to or Amendment of a PUD or PCD District: Existing Zoning: Proposed Zoning (ex: R1, R2T, C3): Ex. Zoning: to PUD/PCD-SIP

• -	Amended Gen. Dev. Plan Amended Spec. Imp. Plan		
Conditional Use	Other Requests (Specify):		
3. Applicant, Agent &Property Owner Information:			
Applicant's Name: RICHARD TOWETT (AGENT) Company: GRIEG SOCIAL CWB			
Street Address: 610 NORTH 51. City/State: MADISON, WIE Zip: 53704			
Telephone: (608) 242-6741 Fax: () NA Email: Towett @ parkbank, com			
Project Contact Person: JAMES A. MILLEL Company: GRIEG JOCIÁN CIUB			
Street Address: 610 HOLTH ST. Ci	ty/State: MADISOU, WIT Zip: 53704		
Telephone: (608) 242-0741 Fax: ()	/A Email: Simuiller 1118 @ q mail. com		
Property Owner (if not applicant): MEMBEL OWNED			
Street Address: 616 NoLitt ST- Ci	ty/State: MADISON. WIT zip: 53704		
4 Project Informations			

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Completion

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Provide a brief description of the project and all proposed uses of the site:

FENCES IN

Development Schedule: Commencement Work

SMCKING + ALCOHOL

5. Required Sub	mittals:		
parking areas ar	nd driveways; sidewalks; locatio	cts all lot lines; existing, altered, den n of any new signs; existing and pro levelopment schedule describing pel	posed utility locations; building
• Seven (7)	copies of a full-sized plan set d	rawn to a scale of one inch equals 2	0 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) co	py of the plan set reduced to fit	onto 8 ½ inch by 11 inch paper	
conditions and u architect, landso square footage	uses of the property; developme caper, business manager, etc.)	ping this application in detail including the schedule for the project; names of types of businesses; number of e of dwelling units; sale or rental price of stalls, etc.	of persons involved (contractor, mployees; hours of operation;
any application i	for rezoning, the description mus	d or metes and bounds description p st be submitted as an electronic word se district, a separate description of e	l document via CD or e-mail. For
Filing Fee: \$5	${\color{red} rac{ \mathcal{O} }{ }}$ See the fee schedule on th	ne application cover page. Make che	cks payable to: City Treasurer.
application (incl Acrobat PDF file pcapplications@	uding this application form, the es on a non-returnable CD to be ocityofmadison.com. The e-mail	red to submit copies of all items sul letter of intent, complete plan sets e included with their application ma shall include the name of the project ontact the Planning Division at (608)	and elevations, etc.) as Adobe iterials, or in an e-mail sent to and applicant. Applicants unable
In Addition, The F	ollowing Items May Also Be	Required With Your Application:	
☐ For any applicat	ions proposing demolition or re	moval of existing buildings, the follo	wing items are required:
persons reg tool found a • A photo arra written asse	istered with the City 30 or 60 o at: https://www.cityofmadison.c ay (6-12 photos) of the interior essment of the condition of the l	icant or his/her agent is required to lays prior to filing their application om/developmentCenter/demolition and exterior of the building(s) to building(s) to be demolished or remove the filtria Reguling Coordinator.	n using the online notification Notification/ be demolished or removed. A oved is highly recommended.
of wrecking	permits and the start of constru		
☐ A Zoning Text	must accompany <u>all</u> Planned Co	ommunity or Planned Unit Developm	nent (PCD/PUD) submittals.
6. Applicant Dec	:larations:		
☐ Conformance	with adopted City plans: Appli	cations shall be in accordance with a	II adopted City of Madison plans
→ The site is loc	ated within the limits of the:		Plan, which recommends:
		The second of the second	for this property.
		f the Zoning Code requires that the a ciations in writing no later than 30 d	applicant notify the district alde
		tion(s), Business Association(s) AND data	
ALDER LAO	12 -1 Day -1 - FMAN 5/77/	1 - ON SITE MITE TIL " EVEN PAR	THE METERS OF THE PROPERTY OF
NOTE: If the alde	s has granted a waiver to this require	ement, please attach any such correspon	adones to this form
		and the state of t	
	opment and review process with	preparation of this application, the ap n Zoning and Planning Division staff;	; note staff persons and date.
Planning Staff:	Date:	Zoning Staff: MA	+ Jule Date: 5-26-1
☐ Check here if		a public subsidy. If so, indicate ty	
The signer attest	s that this form is accurately	completed and all required ma	terials are submitted:
Printed Name Ric	CHOTAN TOWET		Date X
Signature X	What of SIN	Relation to Property Owner	Business AGENT
Authorizing Signatur	Man		Date X : \$/15/11

Effective April 27, 2009