



# 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 except subdivisions or land divisions, which should be filed with the Subdivision Application.
- 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](http://www.cityofmadison.com/planning/plan.html)
- All zoning applications should be filed directly with the Zoning Administrator.

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
GQ _____	
Zoning District _____	
For Complete Submittal	
Application _____	Letter of Intent _____
IDUP _____	Legal Descript. _____
Plan Sets _____	Zoning Text _____
Alder Notification _____	Waiver _____
Ngrbrhd. Assn Not. _____	Waiver _____
Date Sign Issued _____	

1. **Project Address:** 660 West Washington **Project Area in Acres:** \_\_\_\_\_  
**Project Title (if any):** \_\_\_\_\_

2. **This is an application for:** (check at least one)

<input type="checkbox"/> <b>Zoning Map Amendment</b> (check only ONE box below for rezoning and fill in the blanks accordingly)		
<input type="checkbox"/> Rezoning from _____ to _____	<input type="checkbox"/> Rezoning from _____ to PUD/ PCD-SIP	
<input type="checkbox"/> Rezoning from _____ to PUD/ PCD-GDP	<input type="checkbox"/> Rezoning from PUD/PCD-GDP to PUD/PCD-SIP	
<input type="checkbox"/> <b>Conditional Use</b>	<input type="checkbox"/> <b>Demolition Permit</b>	<input checked="" type="checkbox"/> <b>Other Requests (Specify):</b> <u>PUD ALTERATION</u>

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

FOR OUTDOOR  
EATING AREA

Applicant's Name: DAVID KAUL Company: THE ALEXANDER COMPANY  
Street Address: 145 E. BADGER ROAD City/State: MADISON WI Zip: 53713  
Telephone: (608) 268-8128 Fax: (608) 258 5599 Email: DNK@ALEXANDERCOMPANY.COM  
Project Contact Person: DAVID KAUL Company: ALEXANDER CO.  
Street Address: SAME City/State: SAME Zip: \_\_\_\_\_  
Telephone: ( ) Fax: ( ) Email: \_\_\_\_\_  
Property Owner (if not applicant): CITY STATION ASSOCIATES LIMITED PARTNERSHIP  
Street Address: 145 E. BADGER RD City/State: MADISON WI Zip: 53713

4. **Project Information:**

Provide a general description of the project and all proposed uses of the site: THIS APPLICATION IS FOR ADDING AN OUTDOOR SEATING AREA AND OTHER MINOR CHANGES TO THE SITE PLAN OF AN EXISTING BUILDING

Development Schedule: Commencement UPON APPROVAL Completion 6 WEEKS

CONTINUE →