

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.
- All applications will be reviewed against the applicable standards found in the City Ordinances to determine if the project can be approved.

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: 8002 Watts Road **Project Area in Acres:** 1.09

Project Title (if any): Byce and Worman Family Dentistry

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

<input checked="" 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>PUD-SIP</u> to <u>Amended PUD-SIP</u>	<input type="checkbox"/> Rezoning from _____ to <u>PUD/PCD-SIP</u>		
<input type="checkbox"/> Rezoning from _____ 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): _____	

3. Applicant, Agent & Property Owner Information:

Applicant's Name: Kevin Carey Company: The Carey Group
 Street Address: 2801 Coho Street City/State: Madison, WI Zip: 53713
 Telephone: (608) 310-7401 Fax: (608) 237-2028 Email: kevin@thecareygroup.net

Project Contact Person: Kevin Carey Company: The Carey Group
 Street Address: 2801 Coho Street City/State: Madison, WI Zip: 53713
 Telephone: (608) 310-7401 Fax: (608) 237-2028 Email: kevin@thecareygroup.net

Property Owner (if not applicant): Princeton West Realestate, LLC
 Street Address: 1726 Eagan Road City/State: Madison, WI Zip: 53704

4. Project Information:

Provide a general description of the project and all proposed uses of the site: The project is a design of a new approximately 4,500 square foot single story dental office to be located at 8002 Watts Road in Madison, WI used for general family dentistry.

Development Schedule: Commencement _____ Completion _____

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 1/2 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: \$ 1,250.00 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 shall be in accordance with all adopted City of Madison plans:
 - The site is located within the limits of Comprehensive Plan Plan, which recommends: General Commercial 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: Paul Skidmore - See attached letter waiving 30-day notice

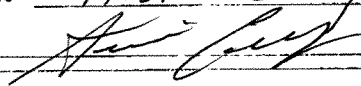
If the alder has granted a waiver to this requirement, please attach any such correspondence to this form.

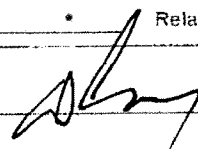
- Pre-application Meeting with staff: Prior to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning Counter and Planning Unit staff; note staff persons and date.

Planner <u>Kevin Firchow</u>	Date <u>2/03/09</u>	Zoning Staff <u>Pat Anderson</u>	Date <u>2/3/09</u>
<u>Bill Fruhling</u>			

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

Printed Name Kevin Carey Date 2-18-09

Signature  Relation to Property Owner Developer

Authorizing Signature of Property Owner  Date 2/17/09

Paul Skidmore, 9th District Alder
City of Madison, Wisconsin
13 Red Maple Trail
Madison, Wisconsin 53717-1515
(608) 829-3425
district9@cityofmadison.com

ICONICA

Attn: Duane Johnson
901 Deming Way
Madison, Wisconsin 53717

RE: Carey Group – Dental Office – 8002 Watts Road, Madison, Wisconsin

Greetings,

I am writing to notify you that I am waiving my 30 day notification right on this project. I am familiar with the site, the proposed project, and its impact on the surrounding neighborhoods and district. I am comfortable with the proposed use, site layout, and building construction. I am aware that there is no opposition from the surrounding neighborhoods. I am also aware that this project is supported by the developer of this area.

Thank you for keeping me up to date on the progress of this project. Please let me know if you have any questions or need additional information.

Sincerely,



Paul Skidmore, 9th district alder
City of Madison, Wisconsin