## LAND USE APPLICATION **Madison Plan Commission**

215 Martin Luther King Jr. Blvd; Room PO Box 2985; Madison, Wisconsin 537 Phone: 608.266.4635 | Facsimile: 608.2

- The following information is required fo for Plan Commission review.
- Please read all pages of the application fill in all required fields.
- This application form may also be comp www.cityofmadison.com/planning/plan.
- All zoning application packages should with the Zoning Administrator's desk.
- All applications will be reviewed agains standards found in the City Ordinances the project can be approved.

Mid TownRoa

Jr. Biva; Room LL-100	Date Received 4.26.06
Wisconsin 53701-2985	Received By Roceived By
acsimile: 608.267.8739	Parcel No. 0708-344-2401-5
on is <u>required</u> for all applications eview.	Aldermanic District 1 Jed Sauborn  GQ ox
of the application completely and	Zoning District PUDSIP
	For Complete Submittal
ay also be completed online at n/planning/plan.html	Application Letter of Intent IDUP Legal Descript.
ackages should be filed directly strator's desk.	Plan Sets Zoning Text  Alder Notification Waiver
reviewed against the applicable City Ordinances to determine if	Ngbrhd. Assn Not. Waiver
oved.	Date Sign Issued Arrived by Express
1202 Vidlown Road & Waldon Blvd:	Project Area in Acres: 2.64
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lid TownRoad & Waldorf Blvd.	Project Area in Acres: 2.64
Veterinary Specialty Options  n for: (check at least one)	Project Area in Acres: 2.64  rezoning and fill in the blanks accordingly)
Veterinary Specialty Options  n for: (check at least one)	Project Area in Acres:
Veterinary Specialty Options  n for: (check at least one)  nt (check only ONE box below for	rezoning and fill in the blanks accordingly)
Veterinary Specialty Options  n for: (check at least one)  nt (check only ONE box below for	rezoning and fill in the blanks accordingly)  Rezoning from to PUD/ PCD—SIP
Veterinary Specialty Options  In for: (check at least one)  Int (check only ONE box below for to	rezoning and fill in the blanks accordingly)  Rezoning from to PUD/PCD—SIP  Rezoning from PUD/PCD—GDP to PUD/PCD—SIP

FOR OFFICE USE ONLY:

2. This is an application for: (check a

1. Project Address:

Project Title (if any):

Zoning Map Amendment (check only ONE box below for rezoning and fill in the blanks accordingly)								
Rezoning from	to	Rezoning from	to PUD/ PCD—SIP					
Rezoning from	to PUD/ PCD-GDP	Rezoning from PUD/P	PCD-GDP to PUD/PCD-SIP					
Conditional Use	Demolition Permit	Other Requests (Specify):						

3. Applicant, Agent & Property Own

Applicant's Name:	plicant's Name: Veterinary Specialty Options		ptions	Company: _		Veterinary Specialty Options		
Street Address: 225 West Beltline Highway			City/State: Madisc		n, WI	Zip:	53713	
Telephone: ( 608)	661-0090	Fax:	( )		_ Email:	dedinger@animalrep	air.co	m
Project Contact Per	rson:	Steve Kieckha	fer	Con	npany: _	Plunkett Raysich Arch	itects,	LLC
Street Address: 2	2310 Cross	roads Drive		City/State:	Madiso	n, WI	Zip:	53718
Telephone: (608)	240-9900	) x357 Fax:	(608) 240-96	390	_ Email:	skieckhafer@prarch.	com	
Property Owner (if not applicant): Peter Frautschi-Gemmunity-By-Design W.C. DEVELOPMENT CORP								
		rsity Avenue		City/State:	Madiso	n, WI	Zip:	53705
	625 A	J. 9E60E	RO #101	•				

4. Project Information:

**New Veterinary Specialty Options** Provide a general description of the project and all proposed uses of the site: facility including new building, parking, and landscaping.

Completion June 2007 Commencement July 2006 **Development Schedule:** 

5. 1	Required	Submittal	e.					
X	Site Plans areas and	submitted a driveways; s	s follows below a	on of any new sig	t lines; existing, alte gns; existing and pr describing pertine	ered, demolished or p oposed utility location nt project details:	proposed buildings; ns; building elevati	parking ons and
	• Seven (	<b>7) copies</b> of	a full-sized plar	set drawn to a	scale of one inch e	quals 20 feet (collate	ed and folded)	
	• Seven (7	<b>7) copies</b> of	the plan set red	luced to fit onto	11 inch by 17 inch	paper (collated, stap	oled and folded)	
	• One (1)	copy of the	plan set reduce	d to fit onto 8 1/2	inch by 11 inch pa	per		
X	and uses landscaped acreage of	of the prope r, business n f the site; nu	erty; developme nanager, etc.); t	ent schedule for ypes of busines ng units; sale o	the project; nameses; number of em	but not limited to, inc es of persons involv ployees; hours of op e for dwelling units;	ved (contractor, a eration; square for	rchitect, otage or
X	Legal Des	cription of F	Property: Lot(s	s) of record or m	etes and bounds d	escription prepared	by a land surveyor	·.
X	Filing Fee	: \$_1,200	_See the fee s	chedule on the a	application cover pa	age. Make checks pa	ayable to: City Tre	asurer.
IN A	ADDITION,	THE FOLLO	OWING ITEMS	MAY ALSO BE	REQUIRED WITH	YOUR APPLICATION	ON; SEE BELOW	<b>':</b>
	be submitt	ed with you	r application. B	e advised that	rincipal) buildings, p a <i>Reuse and Rec</i> y r to issuance of wro	photos of the structure ocling Plan approve ecking permits.	e(s) to be demolish d by the City's Re	ed shall ecycling
puring area	requiremer application	nts outlined in detailing the	Section 28.04 ( project's confor	25) of the Zoning mance with thes	g Ordinance. A sepa se ordinance require	to comply with the ( arate INCLUSIONAR ements shall be subm ove submittal materi	RY DWELLING UNI nitted concurrently	T PLAÑ
X	A Zoning T	ext must acc	company <u>all</u> Pla	nned Communi	ty or Planned Unit I	Development (PCD/	PUD) submittals.	
app Acro <u>pca</u>	lication (inc obat PDF fil <i>pplications</i> (	luding this ap es compiled <u>@cityofmadis</u>	oplication form, t either on a non- son.com. The e-	the letter of inten returnable CD to mail shall includ	it, complete plan se be included with the e the name of the p	of all items submittents and elevations, et neir application mater roject and applicant. 3) 266-4635 for assis	c.) as <b>INDIVIDUAL</b> rials, or in an e-mai Applicants who are	Adobe
6. /	Applicant	Declaration	ons:					
X	Conforma	nce with add	opted City plan	s. Applications	shall be in accorda	ance with all adopted	l City of Madison r	olane:
			hin the limits of	Midtown Com			Plan, which recomm	
	Commerci	ial/Mixed Use	Э				for this prope	erty.
X	Pre-applications any nearby	ation Notific	ation: Section 2 od or business a	28.12 of the Zonions by	ng Ordinance requi mail no later than 3	res that the applicant 80 days prior to filing	notify the district al	-
	→ List belo	ow the Alderpe	erson, Neighborh	ood Association(s	), Business Associati	ion(s) AND dates you s	sent the notices:	
	Jed Sanbo		2-15-2006			_		
	If the alder h	nas granted a	waiver to this req	uirement, please a	attach any such corre	espondence to this for	m.	
X	Pre-application proposed d	<b>ation Meeti</b> r levelopment	n <b>g with staff:</b> <u>l</u> and review prod	<u>Prior</u> to prepara cess with Zoning	tion of this applica Counter and Plan	tion, the applicant is ning Unit staff; note	s required to disco staff persons and	uss the date.
	Planner Pe	ter Olson	Date	4-19-2006	Zoning Staff Al N	1artin	Date	
The	signer atte	ests that thi	s form has bee	en completed a	ccurately and all i	required materials	have been submi	itted:
	ted Name	David Eding		-	•	Date	4-26-2006	
						Date	·	

Authorizing Signature of Property Owner  $\overline{\mathcal{W}.\mathcal{C},\mathcal{D}}$ 

Signature

W.C. DEVELOPMENT WEP.

Relation to Property Owner

Date 4-25-06