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
- All Land Use Applications should be filed directly with the Zoning Administrator.

FOR OFFICE USE ONLY:

Amt. Paid $550.00 Receipt No. 119422
Date Received 4/13/11
Received By JK
Parcel No. 0709-261-0230-5
Aldermanic District 13-Sue Ellingson
GQ waterfront / ZBA
Zoning District R2

For Complete Submittal

Application	✓	Letter of Intent	✓
IDUP	N/A	Legal Descript.	✓
Plan Sets	✓	Zoning Text	N/A
Alder Notification		Waiver	
Ngbrhd. Assn Not.		Waiver	
Date Sign Issued	4/13/11		

1. Project Address: 902 LAWRENCE ST. **Project Area in Acres:** 12,200± SF .27 Ac.

Project Title (if any): RECONSTRUCTION / ADDITION TO EXISTING RESIDENCE

2. This is an application for: CONDITIONAL USE & DEMOLITION PERMIT

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: _____ *to*		☐ Ex. Zoning: _____ to PUD/PCD-GDP
Proposed Zoning (ex: R1, R2T, C3): _____		☐ Ex. Zoning: _____ to PUD/PCD-SIP
		☐ Amended Gen. Dev. Plan ☐ Amended Spec. Imp. Plan
☒ **Conditional Use**	☒ **Demolition Permit**	☐ **Other Requests** *(Specify):* _____

3. Applicant, Agent &Property Owner Information:

Applicant's Name: ASTRID GARTNER; WILLIAM GARTNER Company: _____
Street Address: 3869 GRAPEVILLE RD AUTHORIZED AGENT City/State: NEWTOWN SQUARE, PA Zip: 19073
Telephone: ( ) _____ Fax: ( ) _____ Email: _____

Project Contact Person: WILLIAM GARTNER Company: _____
Street Address: 910 O'SHAUGHNESSY ST. City/State: MADISON, WI Zip: 53715
Telephone: (608) 251-6846 Fax: ( ) _____ Email: wgartner@wisc.edu

Property Owner (if not applicant): APPLICANT
Street Address: _____ City/State: _____ Zip: _____

4. Project Information:

Provide a brief description of the project and all proposed uses of the site: SEE "LETTER of INTENT"

Development Schedule: Commencement _____ Completion _____

CONTINUE→