



Department of Planning & Community & Economic Development  
**Planning Division**

Website: [www.cityofmadison.com](http://www.cityofmadison.com)

Madison Municipal Building  
215 Martin Luther King, Jr. Boulevard  
P.O. Box 2985  
Madison, Wisconsin 53701-2985  
TDD 608 266-4747  
FAX 608 266-8739  
PH 608 266-4635

August 10, 2010

Cliff Fisher  
Fisher Development  
107 N Hancock St.  
Madison, WI 53703

RE: Approval of an alteration to an approved PUD-SIP for an outdoor eating area at 15 N Broom Street.

Dear Mr. Fisher:

The Plan Commission, meeting in regular session on August 9, 2010 determined that the ordinance standards could be met and **approved** your request for an alteration to an approved PUD-SIP for a new outdoor eating area at 15 N. Broom Street. In order to receive final approval for the alteration, the following conditions must be met:

**Please contact my office at 266-5974 with questions about the following two (2) items:**

1. The outdoor eating area shall close by 10:00pm daily.
2. No outdoor amplified sound shall be associated with the outdoor eating area.

**Please contact Bill Sullivan, Fire Department at 261-9658 with questions about the following two (2) items:**

3. Applicant shall submit approved capacity with the site plan and post the capacity of the outside dining area in accordance with the International Fire Code 2009 edition.
4. Provide and maintain exits from the seating area in accordance with the International Fire Code 2009 edition.

**Please now follow the procedures listed below for recording the alteration to the PUD-SIP.**

1. Please revise your plans per the above and submit **five (5) copies** of a complete plan set to the Zoning Administrator for final staff review and comment.
2. This letter shall be signed by the applicant to acknowledge the conditions of approval and returned to the Zoning Administrator when requesting the alteration.

If you have any questions regarding obtaining your alteration, please contact the Zoning Administrator at 266-4551. If you have any questions or if I may be of any further assistance, please do not hesitate to contact my office at 266-5974.

Sincerely,

Heather Stouder, AICP  
Planner

cc: Pat Anderson, Asst. Zoning Administrator  
Bill Sullivan, Fire Department  
Janet Dailey, Engineering

I hereby acknowledge that I understand and will comply with the above conditions of approval for this conditional use permit.

\_\_\_\_\_  
*Signature of Applicant*

For Official Use Only, Re: Final Plan Routing			
<input checked="" type="checkbox"/>	Planning Division (H. Stouder)	<input type="checkbox"/>	Recycling Coordinator (R & R)
<input checked="" type="checkbox"/>	Zoning Administrator	<input checked="" type="checkbox"/>	Fire Department
<input type="checkbox"/>	City Engineering	<input type="checkbox"/>	Urban Design Commission
<input type="checkbox"/>	Traffic Engineering	<input type="checkbox"/>	Other:
<input checked="" type="checkbox"/>	Engineering Mapping	<input type="checkbox"/>	Other: