

CONDOMINIUM APPLICATION

**** Please read both pages of the application completely and fill in all required fields ****

For a digital copy of this form with fillable fields, please visit:

<https://www.cityofmadison.com/sites/default/files/city-of-madison/development-services-center/documents/CondominiumApplication.pdf>

If you need an interpreter, translator, materials in alternate formats or other accommodations to access these forms, please call the Planning Division at (608) 266-4635.

Si necesita interprete, traductor, materiales en diferentes formatos, u otro tipo de ayuda para acceder a estos formularios, por favor llame al (608) 266-4635.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawv, los sis xav tau cov ntaub ntawv ua lwm hom ntawv los sis lwm cov kev pab kom paub txog cov lus qhia no, thov hu rau Koog Npaj (Planning Division) (608) 266-4635.

City of Madison
Planning Division
Madison Municipal Building, Suite 017
215 Martin Luther King, Jr. Blvd.
P.O. Box 2985
Madison, WI 53701-2985
(608) 266-4635



NOTICE REGARDING LOBBYING ORDINANCE: If you are seeking approval of a development that has over 40,000 square feet of non-residential space, or a residential development of over 10 dwelling units, of if you are seeking assistance from the City with a value of \$10,000 (including grants, loans, TIF or similar assistance), then you likely are subject to Madison's lobbying ordinance ([Sec. 2.40, MGQ](#)). You are required to register and report your lobbying. Please consult the City Clerk's Office for more information. Failure to comply with the lobbying ordinance may result in fines.

1. Project Information

Name of the Proposed Condominium: _____

Address of the Proposed Condominium: _____

2. Property Owner and Agent Information

Name of Property Owner: _____ Representative, if any: _____

Street address _____ City/State/Zip _____

Telephone _____ Email _____

Firm Preparing Survey: _____ Contact: _____

Street address _____ City/State/Zip _____

Telephone _____ Email _____

Check only ONE – ALL Correspondence on this application should be sent to: Applicant/Representative OR Survey Firm

3. Project Details

Tax Parcel Number(s): _____

Is this condominium expandable? Yes No Are there conveyable limited common elements? Yes No

Would you like separate tax bills prepared for individual units for the current tax year (for condos recorded by Oct. 1)?

Yes No

4. Required Submittals

 Your application is required to include the following:

Completed Application and an **Application Fee** of two hundred dollars (\$200). Checks shall be made payable to "City Treasurer."

Electronic Application Submittals: All applicants are required to submit a copy of the completed application form and the condominium instrument, as defined in [Chapter 703, Wis. Stats.](#), (plat and/or declaration as applicable) as individual Adobe Acrobat PDF files compiled either on a non-returnable USB thumb drive to be included with their application materials, or in an e-mail sent to pcapplications@cityofmadison.com. The transmittal shall include the name of the project and applicant. Applicants unable to provide the materials electronically should contact the Planning Division at (608) 266-4635 for assistance.

5. Applicant Declarations

The signer attests that the application has been completed accurately and all required materials have been submitted:

Applicant's Printed Name: _____ Signature: _____

Date: _____ Interest In Property On This Date: _____