

DOCKET ID ASSIGNED:

101 W Main St Madison, IN 47250 (812) 265-8324

Application for Accessible Parking Plan

Ad Fee (for Legal Notice)

\$ 15.00

Total Due

\$ 15.00

Paper applications will be accepted by the Office of Planning, Preservation, and Design; however, electronic submissions through our Permit Portal are preferred. This application can be submitted electronically at www.madison-in.gov/reporting.

Purpose: Per the City of Madison Zoning Ordinance, the Plan Commission shall approve handicapped parking plan for all Commercial buildings. Off-street parking requirements are found within the City of Madison Zoning Ordinance Section 9.00. Parking shall conform with the requirements of the Americans with Disabilities Act.

This application must be filed <u>at least 15 days prior</u> to scheduled meeting to be eligible for consideration at that meeting. Actual deadlines vary due to holidays, office business hours and operating schedule, media publishing deadlines, etc. Deadlines are published publicly and can also be provided by contacting the Planning Office.

APPLICANT INFORMATION Name:	OWNER INFORMATION (IF DIFFERENT*) Name:		
Street:			
City: State: Zip:	City:	State:	Zip:
Phone (Preferred):	Phone (Preferred):		
Phone (Alternate):	Phone (Alternate):		
Email:	Email:		
* If Applicant is not Owner, MUST submit documentation fr	om owner authorizing appi	licant on their behalf.	
PROPERTY FOR WHICH PARKING IS PROPOSED			
Address and/or Legal Description of Property:			
Zoning Classification:			
Description of Proposed Use:			
Submit property site plan detailing all structures and pa of all parking stalls. The standard parking stall size requi from Development Standards is required to use alterna	red is ten (10) feet wide a	•	
Number of parking spaces provide:	Number of ADA stal	ls provided:	
Required Number of Parking Spaces**:	Required Number o	f ADA Stalls**:	
**Number of Required spaces (per Section 9.00) and AI	DA stalls can be obtained f	from the Planning Off	ice.

Certified letters MUST be mailed to adjoining property owners (includes owners of real estate at corners, across streets, alleys or easements as well as others who may share a common boundary) at least ten (10) days prior to the meeting. The Planning Office can assist you in obtaining this information. Proof of the Certified Mail receipts and the corresponding returned green cards shall be given to the Planning Office at least one (1) working day prior to the scheduled meeting. The Board will not review the application unless these are received. I certify that the information provided in this application is true and accurate to the best of my ability and I understand and agree to the Certified mail stipulations. Signature of Applicant Date COMPLETED BY PLANNING OFFICE Meeting Information: Plan Commission Application Accepted on: _____ 101 W Main St, Madison, IN 47250 – Council Chambers Meeting Date: _____ Time: 5:30PM Application Accepted by: _____ Staff Notes **Documentation Review** (Completed by Planning Office) _ Owner Authorization provided (if req'd) ____ Site plan is adequate ____ Application is complete

Include any other documents/information which you feel will aid the Board in making its determination.

GIS Information to applicant and attachedCertified Mail Receipts received (attach)Certified Mail Green Cards received (attach)