APPLICATION FOR OUTDOOR LIGHTING PLAN REVIEW

City of Madison Building Inspection
215 Martin Luther King Jr Blvd, Suite 017
Madison, WI 53703
lighting@cityofmadison.com

Submittal Date: _____

Project Address: _____

SITE PLAN REVIEW/ LAND USE RECORD NUMBER: _____

Project Description:

☐ **PROJECT IS IN AN URBAN DESIGN DISTRICT**

Type of site:

☐ **Residential only**

(hotel or apartment with no space for use by non-residents, no commercial or mixed use space)

Mixed Use or Commercial:

(choose activity level as defined in MGO 29.36(4) below)

☐ **Low** ☐ **Medium** ☐ **High**

Project type:

☐ **New exterior lighting** (there is no existing lighting on the site that will remain)

☐ **Alteration or addition of exterior lighting*** (on a site with existing exterior lighting that will remain)

***Where lighting is existing - are more than 50% of total fixtures affected?**

Number of existing fixtures to remain unchanged: _____

Total number of new/ altered / moved fixtures: _____

Where more than 50% of the fixtures on a site are affected, all fixtures must meet current codes. Where less than 50% of fixtures are affected, only new fixtures must meet current codes.

Attached Documents:

☐ Photometric plan(s)- one plan for ground level, and one plan for each level above ground with exterior lighting (for example, a roof top amenity area with lighting for a pool or patio)

- ☐ Footcandle readings shown on pavement in a grid
- ☐ All fixtures are labeled and labels correspond to cutsheets for each fixture
- ☐ Property line shown and labeled, footcandles at 10' beyond the property line (4' above grade) is labeled
- ☐ Calculation table(s) for area(s) of vehicle use only
- ☐ Calculation table(s) for parking and pedestrian area(s) that connect the parking areas to the main entrance

☐ Cut sheets for each fixture (named to correspond to labels on photometric plan)

- ☐ Where cutsheets show multiple options, chosen options are clearly marked on cut sheets
- ☐ Mounting specifications or details of other housing used to meet cut off/shielding requirements

Submitter Information: (will be contacted for questions and/or revisions where needed)

Contact Person: _____

Email: _____