| AGENDA ITEM NO. 8 SU  | JBJECT/ADDRESS/TOPIC   | Oscar Mayer  | SAP/Hartme                   |  |  |
|---|--|--|------------------------------|--|--|
| YOUR NAME Beth Sluy   |  | DATE (1.(1.19  |                              |  |  |
| YOUR ADDRESS 5/4 NOVA   |  |  |                              |  |  |
| Please check the appropriate boxes:   |  |  |                              |  |  |
| ⊠ Support   | □ Oppose   | ☐ Neither Supp   | ort Nor Oppose               |  |  |
| Wish to speak (3 min. limit)  | ☐ Wish to speak (3 min. lim  | it) Wish to spe  | eak (3 min. limit)           |  |  |
| ☐ Do not wish to speak  | ☐ Do not wish to speak   | ☐ Do not wis   | h to speak                   |  |  |
| ☐ Available to answer questions   | ☐ Available to answer ques   | tions  | o answer questions           |  |  |
| At this meeting are you representing a (If you answered "no," STOP; you need not  | an organization or a person otle<br>complete the rest of this form. If you   | ner than yourself: \(\begin{aligned} \Pi \) Yourself: \(\beta \) Yourself: \(\beta \) on to to | es No<br>he next questions.) |  |  |
| Name, address and telephone number of ea  | ach person or organization you ar  | e representing:  |                              |  |  |
| Grea - previous me  | mour of the Pries  | part Their meyer   | - Matural                    |  |  |
|   |  |  |                              |  |  |
| Are you being paid for your representation?   |  | □ Ye   | es <b>M</b> No               |  |  |
| Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)   |  |  |                              |  |  |
| Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) |  |  |                              |  |  |
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| (Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)   |  |  |                              |  |  |
| Date 11.11.19 Signature Bth Sty   |  |  |                              |  |  |
|   | the state of the s |  |                              |  |  |

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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| AGENDA ITEM NO. 8 SU   | BJECT/ADDRESS/TOPIC 17 and  | Meyer                  | Nati              | ural XIEE         |  |
|--|---|------------------------|-------------------|-------------------|--|
| YOUR NAME Mary Johnston DATE NOV 11, 2019  |   |                        |                   |                   |  |
| YOUR ADDRESS 1700 FI   | emont Ave Madis   | on 5                   | 3704              | L                 |  |
| Please check the appropriate boxes:  |   |                        |                   |                   |  |
| □ Support  | □ Oppose 🖫  | Neither                | Support N         | or Oppose         |  |
| ☐ Wish to speak (3 min. limit)   | ☐ Wish to speak (3 min. limit)  | Wish Wish              | to speak (        | 3 min. limit)     |  |
| ☐ Do not wish to speak   | ☐ Do not wish to speak  | Do no                  | ot wish to        | speak             |  |
| ☐ Available to answer questions  | ☐ Available to answer questions   | ☐ Avail                | able to ans       | swer questions    |  |
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| Name, address and telephone number of ea   |   |                        |                   |                   |  |
|  |   |                        |                   |                   |  |
| Assessed being a sid for a second sec |   | *1.5                   |                   | Tolk say          |  |
| Are you being paid for your representation?  |   |                        | ☐ Yes             | No No             |  |
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| Date Nov 11, 2019  | Signature May Jahnston  | Mar                    | 4(Jo1             | inston)           |  |

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| AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC HATCH TO SUBJECT/ADDRESS/TOPIC   |  |  |  |  |  |
|--|--|--|--|--|--|
| YOUR NAME PAUL DOESBURDATE MILLS   |  |  |  |  |  |
| YOUR ADDRESS 36 KENSINGTON   |  |  |  |  |  |
| Please check the appropriate boxes:  |  |  |  |  |  |
| Support  |  |  |  |  |  |
| Wish to speak (3 min. limit)   |  |  |  |  |  |
| ☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak   |  |  |  |  |  |
| ☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions  |  |  |  |  |  |
| At this meeting are you representing an organization or a person other than yourself: No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)                        |  |  |  |  |  |
| Name, address and telephone number of each person or organization you are representing:  |  |  |  |  |  |
| PETERON PUNTRENAS OF URBA  |  |  |  |  |  |
| AND FRIENDS OF HATTOMETER PATOR  |  |  |  |  |  |
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| for your municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form except  |  |  |  |  |  |
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| AGENDA ITEM NO 8 SUBJECT/ADDRESS/TOPIC _ O Scar Mayer   |   |  |  |  |  |
|---|---|--|--|--|--|
| YOUR NAME NATHAN WAUT   | 10R DATE 11/11/199  |  |  |  |  |
|   | , Suite 700, MADISON, UI  |  |  |  |  |
| Please check the appropriate boxes:   |   |  |  |  |  |
| <b>△</b> Support □ Oppos  | e   |  |  |  |  |
| ☐ Wish to speak (3 min. limit) ☐ Wish   | to speak (3 min. limit)   |  |  |  |  |
| Do not wish to speak Do n   | ot wish to speak  |  |  |  |  |
| ☐ Available to answer questions ☐ Avai  | able to answer questions  |  |  |  |  |
| Name, address and telephone number of each person   | e rest of this form. If you answered "yes," go on to the next questions.) |  |  |  |  |
| 910 Mayer L&C   |   |  |  |  |  |
| Are you being paid for your representation?   | Yes No  |  |  |  |  |
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| Date //// 9 Signature   |   |  |  |  |  |

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|---|--|---|--|--|--------------------------------|---------------------------|--------------------|
| Please check the appropriate boxes:    Support  | YOUR NAME  | Rebecca Le  | idner  | DATE   | 11/11                          | 119                       |                    |
| Please check the appropriate boxes:    Support  | YOUR ADDRESS _   | 1915 Spohr  | , Are Modison                                    | n 53704  |                                |                           |                    |
| □ Wish to speak (3 min. limit) □ Do not wish to speak □ Do not wish to speak □ Do not wish to speak □ Available to answer questions □ Available to answer questions □ Available to answer questions At this meeting are you representing an organization or a person other than yourself: □ Yes □ No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing: □ Yes □ No  Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)  Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)  If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:  1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 3. If you principal is not permitted to authorize you to lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.  (Please go to the City Clerk's website www.citvofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building. Madison, for more information.) |  |   |  |  |                                |                           |                    |
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| County Building, Madison, for more information.)  | 3. If your principal spend principal must file exp   | ds or will owe more pense statements wit              | than \$1,000 for lobbying the City Clerk for the | ing services in any rep<br>ne remaining quarters | porting perio<br>of the calend | d (calendar s<br>ar year. | six months), the   |
| Date 11/11/19 Signature Rlun  | (Please go to the City Cler<br>County Building, Madison  | rk's website <u>www.cit</u><br>n, for more informatio | <u>vofmadison.com/clerk</u><br>on.)              | /index.html or go to ti                          | he Clerk's Oj                  | ffice at Roon             | 1 103 of the City- |
|   | Date   | Si  | ignature <u>Mu</u>                               |  |                                |                           |                    |

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

- 1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.
  - Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
- 2. Public Hearing items may be called at any time after the beginning of the public hearing. The Plan Commission uses a consent agenda, which means that the Commission can consider any item at 6:00 p.m. where there are no registrants wishing to speak in opposition regardless of its placement on the agenda.
- 3. The most effective statements are brief, well organized, and avoid repetition. If you agree with the statement of a prior speaker, please so indicate rather than repeating those statements.
- 4. The Commission is appointed to represent not only those present at the hearing but all citizens. The Plan Commission is advisory to the Common Council on rezoning and subdivision plat matters. On conditional use permits and demolition permits, the Commission makes the final decision after holding a public hearing to consider all facts applicable to the application.

| AGENDA ITEM NO SU  | BJECT/ADDRESS/TOPIC Ha          | er+meyer No | atura (AREA          |     |  |  |
|--|---------------------------------|-------------|----------------------|-----|--|--|
| YOUR NAME Vivginia Scholtz DATE Nov. 11, 2019 YOUR ADDRESS 1110 Ni Sherman, Apt 316, MADISON 53704   |                                 |             |                      |     |  |  |
| YOUR ADDRESS 1110 No She   | Prman, Apt 316, MADISON         | 53704       |                      |     |  |  |
| Please check the appropriate boxes:  |                                 |             |                      |     |  |  |
| □ Support  | ☐ Oppose                        | Neither Su  | pport Nor Oppos      | e   |  |  |
| ☐ Wish to speak (3 min. limit)   | Wish to speak (3 min. limit)    | ☐ Wish to   | speak (3 min. limit  | )   |  |  |
| ☐ Do not wish to speak   | ☐ Do not wish to speak          | □ Do not    | wish to speak        |     |  |  |
| ☐ Available to answer questions  | ☐ Available to answer questions | ☐ Availab   | ole to answer questi | ons |  |  |
| At this meeting are you representing an organization or a person other than yourself:   Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing: |                                 |             |                      |     |  |  |
|  |                                 |             |                      |     |  |  |
| Are you being paid for your representation?  |                                 |             |                      |     |  |  |
| Are you appearing as part of your other paid duties for this person or organization?  Yes (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)   |                                 |             |                      |     |  |  |
| Are you an elected official or employee who i for your municipality or other governmental b (If you answered "yes" to the question, STOP that you must sign this form. If you answered   | rm excent                       | Yes K No    |                      |     |  |  |
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| Date 11-11-2019 Signature Viginia Seholt   |                                 |             |                      |     |  |  |

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