| REGISTRATION FORIVI | | | | |
|---|---|------------------------------|------------------|--|
| AGENDA ITEM NO. | JBJECT/ADDRESS/TOPIC | | | |
| YOUR NAME ////C/ | (A)(1) DAT | E /2/67/0° | 7_ | |
| YOUR ADDRESS//_5/ | M1110M 111 | | | |
| 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 to speak (| 3 min. limit) | |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to s | speak | |
| Available to answer questions | ☐ Available to answer questions | ☐ Available to ans | swer questions | |
| At this meeting are you representing an organization or a person other than yourself: \(\sigma\) Yes \(\sigma\) 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 (If you answered "no" to both these question If you answered "yes," please continue.) | duties for this person or organization? as, STOP. You need not complete the rest of | f this form. | □ No | |
| 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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| 1. Before you engage in lobbying as a lobb | yist, you or your principal must file an auth | norization with the City Cle | rk. | |
| 2. Your principal is not permitted to author | ize you to lobby unless the principal is regi | istered with the City Clerk. | | |
| 3. If your principal spends or will owe mor principal must file expense statements w | e than \$1,000 for lobbying services in any in the City Clerk for the remaining quarter | reporting period (calendar s | six months), the | |
| (Please go to the City Clerk's website www.cityofmadison.com/clerk/lindex.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date | | | | |

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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| AGENDA ITEM NO. 15416 SUBJECT | ADDRESS/TOPIC Fota C+ | | | |
|---|---|--|--|--|
| YOUR NAME Sill Who | de DATE 1 | 12/17/12 | | |
| YOUR ADDRESS 1835 WIN | ine bago St. #212 | | | |
| Please check the appropriate boxes: | | | | |
| □ Support □ Opp | oose | er Support Nor Oppose | | |
| ☐ Wish to speak (3 min. limit) ☐ W | ish to speak (3 min. limit) | ish to speak (3 min. limit) | | |
| ☐ Do not wish to speak ☐ Do | o not wish to speak | o not wish to speak | | |
| Available to answer questions Av | vailable to answer questions \text{A} | vailable to answer questions | | |
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| 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. | | | | |
| 3. If your principal spends or will owe more than \$1 principal must file expense statements with the Ci | ,000 for lobbying services in any reporting p ity Clerk for the remaining quarters of the ca | eriod (calendar six months), the lendar year. | | |
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| AGENDA ITEM NO. 154/6 SU | BJECT/ADDRESS/TOPIC /40 | IDTA / ISD WATERON |
|--|--|--|
| 0, 700 | | 10/17/19 Charles |
| 1 - 1 | DAT | E-12/11/12 |
| YOUR ADDRESS $\frac{760}{VV}$ | IVERS 174 BYR, | |
| Please check the appropriate boxes: | , | |
| Support | □ Oppose | ☐ Neither Support Nor Oppose |
| / 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 | ☐ Available to answer questions |
| At this meeting are you representing a (If you answered "no," STOP; you need not of | complete the rest of this form. If you answe | ered "yes," go on to the next questions.) |
| Name, address and telephone number of ea | ich person or organization you are repr | esenting: |
| | 1 | |
| Are you being paid for your representation? | | ☐ Yes. ☐ No |
| Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.) | duties for this person or organization? s, STOP. You need not complete the rest of | f this form. |
| Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered | oody? P. You need not complete the rest of this fo | ☐ Yes ☐ No rm except |
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| 3. If your principal spends or will owe more principal must file expense statements wi | than \$1,000 for lobbying services in any the the City Clerk for the remaining quarter | reporting period (calendar six months), the sof the calendar year. |
| (Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informate Date 7 7 7 8 | tyofmadison.com/clerk/index.html or go to ion.) Signature | the Clerk's Office at Room 103 of the City- |

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00\p.m. or shortly thereafter)

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| AGENDA ITEM NO. /5 SU | BJECT/ADDRESS/TOPIC | | | |
|---|--|--|--|--|
| YOUR NAME Stephinie | Stender DATE | 3 /2/17/12 | | |
| YOUR ADDRESS / (001 | N. HENRY | | | |
| Please check the appropriate boxes: | l | | | |
| ☐ Support | Oppose | ☐ Neither Support Nor Oppose | | |
| ☐ 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 | ☐ Available to answer questions | | |
| At this meeting are you representing a (If you answered "no," STOP; you need not o | | | | |
| Name, address and telephone number of ea | ch person or organization you are repre | senting: | | |
| | | | | |
| Are you being paid for your representation? | | ☐ Yes ☐ No | | |
| Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.) | | This form. | | |
| 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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| 3. If your principal spends or will owe more principal must file expense statements wi | than \$1,000 for lobbying services in any the the City Clerk for the remaining quarter | eporting period (calendar six months), the s of the calendar year. | | |
| (Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informated Date | tyofmadison.com/clerk/index.html or go to ion.) Signature | the Clerk's Office at Room 103 of the City- | | |
| | | | | |

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| AGENDA ITEM NO. 15 SUBJECT/ADDRESS/TOPIC HOUNEN PROPOSAL | | | | |
|---|--|--|-----------------------|--|
| YOUR NAME JASON 7156 | • | | 012 | |
| YOUR ADDRESS 2714 LAF | | , | | |
| Please check the appropriate boxes: | | | | |
| □ Support | ☑ Oppose □ | Neither Suppo | ort Nor Oppose | |
| ☐ Wish to speak (3 min. limit) | ☐ Wish to speak (3 min. limit) | ☐ 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 questions | ☐ Available t | o answer questions | |
| At this meeting are you representing an organization or a person other than yourself: Yes \(\sigma\) 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: MADISON TRUST FOR A. | | | | |
| A 1-ii-1 C | | -# | | |
| Are you being paid for your representation? | | A Ye | • | |
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| 1. Before you engage in lobbying as a lobby | vist, you or your principal must file an author | ization with the Cit | y Clerk. | |
| | ze you to lobby unless the principal is registe | - | | |
| 3. If your principal spends or will owe more principal must file expense statements wi | than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of | oorting period (cale of the calendar year | ndar six months), the | |
| (Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat | t <u>yofmadison.com/clerk/index.html</u> or go to th ion.) | ne Clerk's Office at | Room 103 of the City- | |
| Date 17 DEC 2012 S | Signature | 3 | | |

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| AGENDA ITEM NO. \$1. SU. | BJECT/ADDRESS/TOPIC | | *************************************** |
|---|--|--|---|
| YOUR NAME ZENJANIN | PIBRLE DATE | 6 19/17/2013 | |
| YOUR ADDRESS 556 S | TATE ST#10 | | |
| 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 to speak (| 3 min. limit) |
| ☐ Do not wish to speak | Do not wish to speak | ☐ Do not wish to s | peak |
| ☐ Available to answer questions | ☐ Available to answer questions | ☐ Available to ans | wer questions |
| At this meeting are you representing a (If you answered "no," STOP; you need not o Name, address and telephone number of ea | complete the rest of this form. If you answer | n yourself: | □ No |
| | en person of organization you are repre | senting. | |
| | | | |
| Are you being paid for your representation? | | ☐ Yes | Ю No |
| Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.) | luties for this person or organization? c, STOP. You need not complete the rest of | this form. | Ń,No |
| Are you an elected official or employee who is for your municipality or other governmental b (If you answered "yes" to the question, STOP that you must sign this form. If you answered | ody? . You need not complete the rest of this for | Yes Yes | P No |
| If you are being paid for your representation, or | or if your appearance is part of other paid d | uties, please be advised the | at: |
| 2. Your principal is not permitted to authorize | ist, you or your principal must file an autho ze you to lobby unless the principal is regis | tered with the City Clerk. | |
| If your principal spends or will owe more principal must file expense statements wit | than \$1,000 for lobbying services in any re th the City Clerk for the remaining quarters | eporting period (calendar s of the calendar year. | ix months), the |
| (Please go to the City Clerk's website www.cit County Building, Madison, for more informati Date \frac{1}{2} \left[\frac{1}{7} \right] \frac{1}{2} \left[\frac{1}{7} \right] \frac{1}{2} \left[\frac{1}{7} \right] \frac{1}{7} \right] | ignature A series in the series is a series in the series is a series in the series is a series in the series in the series is a series in the | the Clerk's Office at Room | 103 of the City- |

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| AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC | Jota Ct | | | |
|---|---|--|--|--|
| YOUR NAME Jordan Corning | DATE 12/17/12 | | | |
| YOUR ADDRESS 150 Iota Court | | | | |
| Please check the appropriate boxes: | | | | |
| □ Support 🖞 Oppose | ☐ Neither Support Nor Oppose | | | |
| \square Wish to speak (3 min. limit) \square Wish to speak (3 min. li | imit) | | | |
| ☐ Do not wish to speak ☐ Do not wish to speak | ☐ Do not wish to speak | | | |
| ☐ Available to answer questions ☐ Available to answer questions | estions | | | |
| At this meeting are you representing an organization or a person of (If you answered "no," STOP; you need not complete the rest of this form. If y | other than yourself: Yes No No No vou answered "yes," go on to the next questions.) | | | |
| Name, address and telephone number of each person or organization you Chi Psi Fraterni . 150 Tota Ct. | are representing: | | | |
| Chi Psi Fryternity; 150 Iota Ct. | · · · · · · · · · · · · · · · · · · · | | | |
| Are you being paid for your representation? | ☐ 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.) | | | | |
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| Date 12/17/12 Signature | | | | |
| | | | | |

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| AGENDA ITEM NO. 15 SUBJECT/ADDRESS/TOPIC Topa CA. | | | | |
|---|--------------------------------|---------------------|----------------|--|
| YOUR NAME In Morgan DATE Dec 17, 2012 YOUR ADDRESS 146 Langdon St. | | | | |
| YOUR ADDRESS 146 Langdon St. | | | | |
| Please check the appropriate boxes: | | | | |
| ☐ Support | ☑ Oppose □ | l Neither Support N | Nor Oppose | |
| ☐ Wish to speak (3 min. limit) | ☐ Wish to speak (3 min. limit) | ☐ Wish to speak (| (3 min. limit) | |
| ☐ Do not wish to speak | | | | |
| ☐ Available to answer questions | Available to answer questions | ☐ Available to an | swer questions | |
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| Date S | ignature | | | |

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| AGENDA ITEM NOSU | BJECT/ADDRESS/TOPIC | ota Henry Demos | • . | |
|---|---|---|-----------------------|--|
| YOUR NAME Colin Bonder | <u> </u> | DATE 12/17/12 | | |
| YOUR ADDRESS 625 N. F | Yances St. | | | |
| 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 to speak (3 | min. limit) | |
| ☐ Do not wish to speak | Do not wish to speak | ☐ Do not wish to s | peak | |
| ☐ Available to answer questions | ☐ Available to answer questi | ons | wer questions | |
| At this meeting are you representing a (If you answered "no," STOP; you need not | un organization or a person other complete the rest of this form. If you described the rest of this form. | er than yourself: ☐ Yes answered "yes," go on to the nex | ☑ No t questions.) | |
| Name, address and telephone number of ea | ach person or organization you are | representing: | | |
| | | • | | |
| Are you being paid for your representation? | | ☐ 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 | nt: | |
| 1. Before you engage in lobbying as a lobby | rist, you or your principal must file ar | authorization with the City Cler | ·k. · | |
| 2. Your principal is not permitted to authori | ze you to lobby unless the principal is | s registered with the City Clerk. | | |
| 3. If your principal spends or will owe more than \$1,000 for 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 <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 17/17/12 Signature College | | | | |

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.