AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC	te 1-105PITA	<u></u>	
YOUR NAME RAZOH TO		4 5-66 13		
YOUR ADDRESS 600 1734.	faul Are			
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	wer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each product of the state	complete the rest of this form. If you answered ach person or organization you are represe	d "yes," go on to the nex	□ No et questions.)	
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 for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? • You need not complete the rest of this form	☐ Yes except	Q(No	
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please be advised th	at:	
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an authori	zation with the City Cle	rk.	
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 \$1,000 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 4 1-615 2013 S	Signature	\rightarrow		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. #4 SUBJECT/ADDRESS/TOPIC UW &	tosactal
Λ , , , , , , , , , , , , , , , , , , ,	Z. 4. 13
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Please check the appropriate boxes:	
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At this meeting are you representing an organization or a person other than yo (If you answered "no," STOP; you need not complete the rest of this form. If you answered "	ourself: 🏿 Yes 🔲 No lyes," go on to the next questions.)
Name, address and telephone number of each person or organization you are representi	ng:
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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 I If you answered "yes," please continue.)	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 extend that you must sign this form. If you answered "no" to the question, go on to the next question.	☐ Yes 【XNo cept s.)
If you are being paid for your representation, or if your appearance is part of other paid duties	, please be advised that:
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3. If your principal spends or will owe more than \$1,000 for lobbying services in any report principal must file expense statements with the City Clerk for the remaining quarters of the	ing period (calendar six months), the ne calendar year.
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Date 2.4.13 Signature Mr.	

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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC 🗠 🗢	Missell un Lagricul	
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YOUR ADDRESS 10 Chas	ENDON CONEC		
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☐ 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	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)	
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Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? ?. You need not complete the rest of this form	Yes No	
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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 rep th the City Clerk for the remaining quarters of	porting period (calendar six months), the of the calendar year.	
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Date S	Signature		

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AGENDA ITEM NO. <u>华Ӌ</u> SU	BJECT/ADDRESS/TOPIC UW	FAST AMERICAN CE
YOUR NAME (LARK &	DATE DATE	2/4/13
YOUR ADDRESS 320 Wes	tridge Pruy Veron	na WI 53593
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 Name, address and telephone number of each product of the state of	complete the rest of this form. If you answere ach person or organization you are repress	ed "yes," go on to the next questions.)
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Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	Yes 🗖 No
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(Please go to the City Clerk's website www.c. County Building, Madison, for more informated Date 2/4/13	ityofmadison.com/clerk/index.html or go to the ion.) Signature MAL John	ne Clerk's Office at Room 103 of the City-

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AGENDA ITEM NO. 28792 su	JBJECT/ADDRESS/TOPIC	12 HONAL USE FOR HOSPIHAL
YOUR NAME LAWN Se	rebin DAT	1
YOUR ADDRESS 559, 5	MIDUALE BLUD. &	
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	-
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	nan yourself: Yes No
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1. Before you engage in lobbying as a lobby	vist, you or your principal must file an aut	horization with the City Clerk.
2. Your principal is not permitted to authori	ze you to lobby unless the principal is reg	sistered with the City Clerk.
If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting period (calendar six months), the ers of the calendar year.
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	tyofmadison.com/clerk/index.html or go to	o the Clerk's Office at Room 103 of the City-
Date $\frac{\lambda 4/13}{6}$ s	Signature	

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AGENDA ITEM NO. 28792 SU	JBJECT/ADDRESS/TOPIC	Condition	a) Use	for Huspital
YOUR NAME) eff t	pelavia ar Claw Was	DATE 2,	14/13	
your address gol be	ar Claw Way			
Please check the appropriate boxes:	U			
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Available to answer questions	☐ Available to answer que	estions 🔲 Ava	ilable to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you are complete the rest of this form.	ou answered "yes," g are representing:	go on to the ne	☐ No ext questions.)
Are you being paid for your representation?			∠ P Yes	□ No
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 organizatis, STOP. You need not complete t	on? he rest of this form.	Yes	□ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	body? P. You need not complete the rest of	of this form excent	☐ Yes	-⊒-Ño ∘
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1. Before you engage in lobbying as a lobby	yist, you or your principal must fil	e an authorization wit	th the City Clo	erk.
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(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	ityofmadison.com/clerk/index.html tion.)	or go to the Clerk's	Office at Rooi	n 103 of the City-
Date 2/14/13	Signature			

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AGENDA ITEM NO. 28792 SU	BJECT/ADDRESS/TOPIC CONDI	TOMAL	USE F	OF HOSPITAL
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YOUR ADDRESS 6957 APPI	•	on Cui		•
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Available to answer questions	☐ Available to answer questions			wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	d "yes," go on	Yes to the nex	□ No t questions.)
Are you being paid for your representation?		V	1 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.)	luties for this person or organization? s, STOP. You need not complete the rest of the	nis form.	Yes	□ No
Are you an elected official or employee who is for your municipality or other governmental be (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 form	excent	l Yes	™ No
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Date 2 · 4 · 13 S	ignature			

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	JBJECT/ADDRESS/TOPIC	and thoney L	(se
YOUR NAME <u>JASON</u> L	retha DAT	E <u> </u>	3
YOUR ADDRESS <u>258 Corp</u>	parate Drive Made	Son WI	
Please check the appropriate boxes:			
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At this meeting are you representing (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answe	an yourself: 🏻 Yes ered "yes," go on to the n	☐ No ext questions.)
Name, address and telephone number of e	ach person or organization you are repr	esenting:	
Are you being paid for your representation?		NA x	
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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	Yes fthis form.	□ No
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Date 2/4/13	Signature firsur	Hes	

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. 4 SU	JBJECT/ADDRESS/TOPIC LA W	Health East	
	ichten held Date		
YOUR ADDRESS)O\	E Badger R	7	
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	
(If you answered "no," STOP ; you need not	an organization or a person other than complete the rest of this form. If you answere	d "yes," go on to the next questions.)	
Name, address and telephone number of e	ach person or organization you are represe	enting:	
Are you being paid for your representation?		ÇXYes □ No	
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? is, STOP. You need not complete the rest of the	uis form.	
for your municipality or other governmental	P. You need not complete the rest of this form	excent Yes (No	
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised that:	
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	ize you to lobby unless the principal is registe		
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Date 2/4/2013	Signature		

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AGENDA ITEM NO. #4 SU	BJECT/ADDRESS/TOPIC uw 😝	到 Hosp	171- A	MERICAN CENTE
YOUR NAME JIM YEHUE	DATE	2/4/1	3	
YOUR ADDRESS 6710 COLONY	PR (MADISON, WI 5371	オ		
Please check the appropriate boxes:				
⊠ Support [□ Oppose □	Neither	Support I	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 n	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avai	lable to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of Name, address and telephone number of ea	complete the rest of this form. If you answere	yourself: ed "yes," go	☐ Yes	□ No
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.)	luties for this person or organization? It, STOP. You need not complete the rest of the	his form.	☐ Yes	Ø(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 form	ı except	☐ Yes	🔼 No
If you are being paid for your representation, or	or if your appearance is part of other paid du	ties, please	be advised t	hat:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an author	rization with	the City Cl	erk.
2. Your principal is not permitted to authorize	ze you to lobby unless the principal is registe	ered with the	e City Clerk	
 If your principal spends or will owe more principal must file expense statements wit 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	oorting perio	d (calendar lar year.	six months), the
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more informati	t <u>yofmadison.com/clerk/index.html</u> .or go to th on.)	he Clerk's O	ffice at Roo	m 103 of the City-
Date 2/4/17 S	ignature M. M.			

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.

		1111		
AGENDA ITEM NO	SUBJECT/ADDRESS/TOPIC	- UW	HCalt	<u> </u>
YOUR NAME LECTION	Glover	DATE	4.4/13	
YOUR ADDRESS	American Parky	ian Ma	dism	
Please check the appropriate bo	xes:	1		
Support	□ Oppose	□ Neith	er Support l	Nor Oppose
Wish to speak (3 min. lim	it) Wish to speak (3 min. l	imit) 🔲 W	ish to speak	(3 min. limit)
Do not wish to speak	☐ Do not wish to speak		not wish to	•
☐ Available to answer ques	tions ` 🛘 Available to answer qu	estions \square Av	ailable to an	swer questions
(If you answered "no," STOP; you ne	nting an organization or a person or ed not complete the rest of this form. If yer of each person or organization you	other than yourse you answered "yes,"	if My	Пма
American Fam	IV Insurance	are representing:		
Are you being paid for your representa	ition?		☐ Yes	No No
Are you appearing as part of your othe (If you answered "no" to both these que If you answered "yes," please continued.	r paid duties for this person or organizat uestions, STOP. You need not complete t e.)	ion? he rest of this form.	Yes	No No
for your municipality or other governm (If you answered "yes" to the question	e who is appearing solely on behalf of younget and sody? STOP. You need not complete the restowered "no" to the question, go on to the	of this form except	☐ Yes	Mo No
If you are being paid for your represen	tation, or if your appearance is part of ot	her paid duties, plea	se be advised tl	nat:
1. Before you engage in lobbying as	a lobbyist, you or your principal must fil	e an authorization w	ith the City Clo	erk.
2. Your principal is not permitted to	authorize you to lobby unless the princip	al is registered with	the City Clerk.	
3. If your principal spends or will ow	re more than \$1,000 for lobbying service ents with the City Clerk for the remainin	s in any reporting ne	riod (colondor	
(Please go to the City Clerk's website <u>v</u> County Building, Madison, for more in	vww.cityofmadison.com/clerk/index.htm formation.)	l or go to the Clerk's	Office at Room	n 103 of the City-
Date	Signature			

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

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