AGENDA ITEM NO. 16/17/18SU	BJECT/ADDRESS/TO	OPIC <u>4902</u>	1490	8 HA	mmersity RD
YOUR NAME POBELT FE		DATE _	2/18	13	-
YOUR ADDRESS 6917 L	AMSEY PD	- ////			
Please check the appropriate boxes:					
⊠ Support	□ Oppose		Neither	Support I	Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 n	nin. limit)	☐ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to spe	eak	□ Do n	ot wish to	speak
Available to answer questions	☐ Available to answ	er questions	☐ Avai	lable to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of each	complete the rest of this for	m. If you answered	l "yes," go		☐ No ext questions.)
Are you being paid for your representation?				国等。	⊠ 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 org s, STOP. You need not com	anization? uplete the rest of the	is form.	Yes	□ No
Are you an elected official or employee who for your municipality or other governmental la (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete th	ne rest of this form	except	☐ Yes	№ ио
If you are being paid for your representation,	or if your appearance is pa	rt of other paid dut	ies, please	be advised t	hat:
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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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date 2/18/13	Signature 201	W			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. /4-18 SUI	BJECT/ADDRESS/TOPIC 🕏	ACIFIC CYCL	2	
YOUR NAME <u>CHRIS</u> HO	****	E 2/18/13		
YOUR ADDRESS 4902 HA				
Please check the appropriate boxes:	l			
⊠ Support	☐ Oppose	☐ Neither Suppor	t Nor Oppose	
Mish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	~ ~	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	•	
☐ Available to answer questions	☐ Available to answer questions		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:				
Are you being paid for your representation?				
Are you appearing as part of your other paid d (If you answered "no" to both these questions, If you answered "yes," please continue.)	uties for this person or organization? , STOP. You need not complete the rest of	f this form.	DNo.	
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 for	Yes Yes	Ŭ X -No	
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2. Your principal is not permitted to authoriz	e you to lobby unless the principal is regi	stered with the City Cle	rk.	
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Date 2/18/13 Si	ignature			

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AGENDA ITEM NO. 16-18 SU	JBJECT/ADDRESS/TOPIC	
YOUR NAME Robert.	SILVIS DAT	TE 2/18/2015
YOUR ADDRESS 4902 H	MMERSLISH Rd	
Please check the appropriate boxes:	GENERAL COUN	ISE - PACIFIC CYCLE
⊠ 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 e	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)
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Date 2/18/2015	Signature Soften	

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ACENDA ITEM NO AZ ZEL	DECT/ADDRESS/TORIG		
AGENDA ITEM NO. 4/8 SUBJECT/ADDRESS/TOPIC / CYCLE			
YOUR NAME ARE	DATE_	2-18-13	
YOUR ADDRESS / CO	CANERON DR		
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	
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Name, address and telephone number of ea	ach person or organization you are represed	nting:	
		and the second	
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? s, STOP. You need not complete the rest of the	☐ Yes ☐ No is form.	
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DateS	Signature		

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AGENDA ITEM NO. 1017 SU	BJECT/ADDRESS/TOPIC	heite ,		
YOUR NAME / X is 1	DD 113-C DAT	E		
YOUR ADDRESS 7005	Hubbard Middleton	7		
Please check the appropriate boxes:	·			
☐ Support	P 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		
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AGENDA ITEM NO. 16 18 SUBJECT/ADDRESS/TOPIC PACIFIC				
YOUR NAME JOHN CAP	n TO DATI	E 2-18-13		
YOUR ADDRESS 40 WHI	TCOMB CIRCLE			
Please check the appropriate boxes:	•			
□ Support	D 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		
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AGENDA ITEM NO. 16-18 SUBJECT/ADDRESS/TOPIC PACIFIC CYCLE			
AGENDA ITEM NO. 16-18 SUBJECT/ADDRESS/TOPIC Marker Cycle YOUR NAME 5HERMAN GRIB DATE 2118:13			
YOUR ADDRESS 12 MIST COMB 25 E.			
Please check the appropriate boxes:			
□ Support □ Neither Support Nor	Oppose		
Wish to speak (3 min. limit) Wish to speak (3 min. limit) Wish to speak (3 min. limit)	in. limit)		
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☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer	r questions		
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next qu	I No uestions.)		
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AGENDA ITEM NO. 16-18 SU	JBJECT/ADDRESS/TOPIC		•
YOUR NAME MAY K Vasi		TE 2-19-1	3
	comb Cir. Modition.	W. 5379	1
Please check the appropriate boxes:	J		
☐ Support	Oppose	☐ Neither Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	-
☐ Available to answer questions	☐ Available to answer questions		
At this meeting are you representing an organization or a person other than yourself: \[\subseteq \text{ Yes} \] \[\subseteq \text{ No} \] (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?		☐ 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 organization? s, STOP. You need not complete the rest of	Yes this form.	₫ 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	oody? P. You need not complete the rest of this fo	Yes Yes	2 No
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AGENDA ITEM NO. 16-18 SUBJECT/ADDRESS/TOPIC Pacific Cycle - Whiteon Com	10			
YOUR NAME David Woldsoth DATE 2-18-13				
YOUR ADDRESS 38 Whitcomb Circles Madisan				
Please check the appropriate boxes:	Marine 1			
☐ Support ☐ Oppose ☐ Neither Support Nor Oppose)			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)				
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☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questi	ons			
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AGENDA ITEM NO. 16-18 S	SUBJECT/ADDRESS/TOPIC /P	ACIESC CVOLE
I YUUN / JEKI ANDI	-K5011 DAT	TE 18 FEB 2013
YOUR ADDRESS 22 WH	ITCOMB CIRCLE	10 1EB 2013
Please check the appropriate boxes:		
☐ Support ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions At this meeting are you representing (If you answered "no," STOP; you need no. Name, address and telephone number of a	Available to answer questions an organization or a person other that complete the rest of this form. However,	☐ Available to answer questions an yourself: ☐ Yes ✔ ☒ No
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	☐ Yes ☐ No This form.
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO, that you must sign this form. If you answered	pody? P. You need not complete the rest of this for. "no" to the question, go on to the next ques	m except stions.)
 If you are being paid for your representation, Before you engage in lobbying as a lobby Your principal is not permitted to authori If your principal spends or will owe more principal must file expense statements wi (Please go to the City Clerk's website www.ci. County Building, Madison, for more information 	or if your appearance is part of other paid d vist, you or your principal must file an author ze you to lobby unless the principal is regist than \$1,000 for lobbying services in any re th the City Clerk for the remaining quarters	uties, please be advised that: prization with the City Clerk. tered with the City Clerk. porting period (calendar six months), the of the calendar year. the Clerk's Office at Room 103 of the City-
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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. 16 18 SUBJECT/ADDRESS/TOPIC Paci-	Sic Cycle			
YOUR NAME Danies Spalin DATE 2/18/13				
YOUR ADDRESS 36 Whiteonh Circle Madison W	II 53711	-		
Please check the appropriate boxes:		•		
□ Support □ Oppose □ 1	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	3		
At this meeting are you representing an organization or a person other than y (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 represen	ating:			
	,			
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 If you answered "yes," please continue.)	yes You			
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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AGENDA ITEM NO. 16-18 SUBJECT/ADDRESS/TOPIC 4902-4908 Hammers lev Roli			
YOUR NAME David Keller/Kel	ler Whitcomb Apts DATE	2/18/13	
16.00	Nashington Ave, Madis	on, W/ 53783	
Please check the appropriate boxes:	9		
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 e	ach 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 (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	☐ Yes No this form.	
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Date 2/18/13	Signature Saved L. Kell	Les Land	

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AGENDA ITEM NO. 16-18 SUBJECT/ADDRESS/TOPIC Page	6.6.10		
10.1 10.0			
YOUR NAME White Warcoe DATE 27813			
YOUR ADDRESS 16 Whitcamb Circle	•		
Please check the appropriate boxes:			
□ Support	☐ 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 an organization or a person other than yourself: Yes \(\sum_{No}\) 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?	☐ Yes		
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AGENDA ITEM NO. 16-18 SUBJECT/ADDRESS/TOPIC Pacific Cycle			
YOUR NAME ANN SCHWOTTZ DATE 2/18/13			
YOUR ADDRESS 20 Whitcomb Circle, Madison, 1	WF	4	
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	ı 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 ☐ Available	lable to an	swer questions	
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go		☐ No xt questions.)	
Name, address and telephone number of each person or organization you are representing:			
Are you being paid for your representation?	☐ Yes	DENo.	
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 21/8/13 Signature Am 2. Selwant			

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	<u> </u>			
AGENDA ITEM NOTE SUBJECT/ADDRESS/TOPIC				
YOUR NAME Magaret Buttnep DATE 2-18-13				
YOUR ADDRESS 28 Whiteomb Circle Malison 53711				
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	☐ Do not wish to speak	
☐ Available to answer questions	Available to answer questions	s	nswer 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:				
Are you being paid for your representation?		☐ 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.)		of this form.	M No	
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? PP. You need not complete the rest of this j	☐ Yes form except	No.	
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AGENDA ITEM NO. 16-18 SU	BJECT/ADDRESS/TOPIC	
YOUR NAME MARK H	DATE_	2/18/13
YOUR ADDRESS <u>/8 W 14</u>	ITCOMP CINCLE MAD	1500 WI 5371176
Please check the appropriate boxes:	•	
☐ Support	Oppose \square 1	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
(If you answered "no," STOP; you need not o	n organization or a person other than y complete the rest of this form. If you answered ach person or organization you are represen	ourself: Yes No 'yes," go on to the next questions.)
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? of STOP. You need not complete the rest of 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	s appearing solely on behalf of your office or ody? You need not complete the rest of this form emon to the question, go on to the next question.	xcept ns.)
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AGENDA ITEM NO. 18 SUBJECT/ADDRESS/TOPIC 4817 H &	14ELSLE	ey RD		
YOUR NAME ROBERT FELLER DATE 2/18.	113			
YOUR ADDRESS 69 17 PAMSET RD				
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	h to speak ((3 min. limit)		
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	not wish to	speak		
Available to answer questions Available to answer questions Ava	ilable to an	swer 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:				
Are you being paid for your representation?	☐ Yes	Q No		
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