AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC	NOT DOWN TOWN
YOUR ADDRESS 3207 GLACIER RIDGE RD. N	lidd Leten
Please check the appropriate boxes:	
Support	l 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 (If you answered "no," STOP; you need not complete the rest of this form. If you answered	yourself: Yes No ed "yes," go on to the next questions.)
Name, address and telephone number of each person or organization you are repres	enting: OF SUBJECT
Are you being paid for your representation?	Deces 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 the If you answered "yes," please continue.)	his form.
Are you an elected official or employee who is appearing solely on behalf of your office of for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form that you must sign this form. If you answered "no" to the question, go on to the next question.	Yes No
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2. Your principal is not permitted to authorize you to lobby unless the principal is registed	
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reprincipal must file expense statements with the City Clerk for the remaining quarters of	porting period (calendar six months), the of the calendar year.
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the County Building, Madison, for more information.)	he Clerk's Office at Room 103 of the City-
Date 5/20/2013 Signature Laws M, W	ohl fed

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC CON	D.USE PERMIT DOM	
YOUR NAME MARIANN	ERTRAM DATE	5/20/13	
YOUR ADDRESS 1437 M	pririson st.	,	
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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Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		Yes I No this form.	
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YOUR NAME Sany Yet	erson pate	20 May	J019
YOUR ADDRESS / A/D /7	annefte /8		
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
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AGENDA ITEM NO. 29723 S	UBJECT/ADDRESS/TO	OPIC <u>1437</u>	MORRI	50N ST	
YOUR NAME WICHAEL	DRUHAN		·_	ry 2017	3
YOUR ADDRESS 1252	SHERMAN AVE	MADISON	NWI	,	
Please check the appropriate boxes:					
Support	□ Oppose		Neither S	Support I	Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3)	nin. limit)	☐ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to spe	eak	□ Do no	ot wish to	speak
☐ Available to answer questions	s 🗖 Available to answ	er questions	☐ Avail	able to an	swer questions
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AGENDA ITEM NO. 29723 SUBJECT/ADDRESS/TOPIC 1437 Morrison St			
YOUR NAME Pamela D	DATE	20-May -	
	Sherman		
Please check the appropriate boxes:			-
X 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	☐ Available to an	•
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Are you appearing as part of your other paid of (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 th	Yes is form.	No No
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Date 20 May - 2013 S	lignature Omed Dh	<u>ن</u>	

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AGENDA ITEM NO TO SU	BJECT/ADDRESS/TOPIC	rripon St. demoleti	
YOUR NAME MAN	Jahmits DAT	E5-20-13	
YOUR ADDRESS 2/D May	inettex		
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 an organization or a person other than yourself: \(\simega\) Yes (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:			
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AGENDA ITEM NO. 9 SU	JBJECT/ADDRESS/TOPIC <u>143</u>	37 Morrison St	
YOUR NAME LOUIS M	iller DAT	E May 20, 2013	
YOUR ADDRESS <u>2721</u> Og.	Kridge Ave		
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 of the state of the stat	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)	
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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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AGENDA ITEM NO. GUBJECT/ADDRESS/TOPIC P3 + MON (SOA STOUR NAME NAME NAME NO CANTRAL DATE NAME 20, 20/3 YOUR ADDRESS 372 Cally Cally Ave Modelon Please check the appropriate boxes: Support	1	1.03	of M C		
Please check the appropriate boxes: Support	. 1	Λ.	37 Morrison It		
Please check the appropriate boxes: Support	YOUR NAME NAME		May 20, 2013		
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Wish to speak (3 min. limit) Do not wish to speak Do not wish to speak 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: 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 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.cityofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.	Please check the appropriate boxes:	/ /			
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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.