

Date: 3/5/11

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 1

Name Tom Bergamini
Address 402 N Baldwin St

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- 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," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Downtown Madison Inc

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? 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 question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 15 MARCH

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 1

PLEASE PRINT NAME CLEARLY

Name MICHAEL SLAVLEY
Address 4824 SHERWOOD RD
MADISON WI 53711

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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Date _____

Signature _____

Print Name _____

MICHAEL A. SLAVNEY
FAICP

March 15, 2011

City of Madison Common Council
Hand Delivered to Council Chambers
Public Hearing on Proposed Zoning Ordinance

Mayor Cieslewicz and Council Members

I have been proudly serving as Chair of the Zoning Ordinance Rewrite Advisory Committee since its inception, and have been closely following the progress of the draft ordinance through the Plan Commission review and recommendation process. When not serving as a volunteer in this capacity, I work as a consulting city planner, and have been the planner-in-charge of 25 ordinance rewrite and remapping projects throughout the country.

I believe the current draft attains the objectives the City identified for the new code. Most importantly, when supplemented by the upcoming work on the downtown districts, it will provide the City with a full palette of zoning districts – each of which is designed to implement a specific character of development. The new code also forwards a broad spectrum of objectives related to urban design, environmental protection, transit adaptability, and pedestrian and bicycle accommodations. It also recognizes the strong role that the public, neighborhoods, and the City's development review committees play in the various processes under the Ordinance.

In total, I believe the draft Ordinance to be fully consistent with the City's Comprehensive Plan, and is deserving of your support.

I would like to make several observations I hope you consider in your review of the draft:

- 1. Taller Nonresidential Building Heights via conditional use:**
I think this an excellent approach for blending the benefits of more density with site specific concerns, without the need for the more cumbersome PUD process.
- 2. Accessory Dwelling Units via Overlay District based on neighborhood plans:**
I think this approach strikes a good balance by combining neighborhood-based input over appropriate locations, with efficient site-by-site approval. Perhaps adding an alternative process that uses the overlay zoning process directly -- as informed by neighborhood association comments, could save time where a detailed neighborhood plan is not present or does not address this issue.

4824 SHERWOOD ROAD, MADISON, WISCONSIN 53711

MIKE@SLAVNEYS.NET

#1, SOKA

3. Mixed Use Buildings in Residential Districts:

I strongly support this concept. However, I also feel strongly that the proposed approach for attaining this objective is problematic.

Specifically, the proposed approach would allow a mixed use building on any corner within a residential district – with building size and character controls, and with a spacing requirement of at least one-quarter mile.

I have several strong concerns about this approach:

- We give up the detailed control of the location of such development to a first-come, first-served approach. This will not result in the selection of the *best* location in a neighborhood, merely the selection of the first *acceptable* location;
- We lose the ability to effectively communicate where such development has been approved, because it would not be depicted on the Zoning Map. This will result in numerous “bad surprise” situations; and most importantly,
- We create an environment of land use uncertainty for residents and property owners with lots adjacent to, or near, all residential corners in the community.

Consequently, I fear we will be creating a *very* strong disincentive for property owners to invest in our neighborhoods, and a *very* strong incentive for families to consider other cities and villages in the metro areas as a more stable and predictable alternative for housing and school district choices.

My extensive professional experience has demonstrated that most zoning ordinance issues that deal with approving the most appropriate locations for specific types of development are best dealt with through the zoning map, rather than through provisions in the zoning text. For location-based decisions, the map is inherently a more flexible and responsive tool. Therefore, I believe a better approach to attaining the laudable objective of facilitating convenient neighborhood-based development would be to use the standard approach of having such proposals seek zoning map amendments, as guided by the Comprehensive Plan and neighborhood plans.

Thank you for your consideration of these comments. I look forward to working with you on the downtown districts and the zoning map.

Sincerely



Michael A. Slavney, FAICP

MICHAEL A. SLAVNEY
FAICP

March 15, 2011

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4824 SHERWOOD ROAD, MADISON, WISCONSIN 53711

MIKE@SLAVNEYS.NET

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Sincerely



Michael A. Slavney, FAICP



Date: 3/15/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #7
Zoning Code

Name NAN FEY
Address 2027 CHADBOURNE AVE
MADISON WI 53726

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

Wish to Speak

Plan Commission Chair

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," provide the name of who you represent and go on to the next question.)

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 duties for this person or organization? 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 question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

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Date _____

Signature _____

Print Name _____



Date: 3/15/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 1

PLEASE PRINT NAME CLEARLY

Name DeLo Ra Newton
Address 6015 E Washington Ave
Madison

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Greater Madison Chamber of Commerce

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? 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 question.)

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Date 3/15/11

Signature 
Print Name DeLo Ra Newton



Date: 3/15/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 1

PLEASE PRINT NAME CLEARLY

Name Amanda Werhane
Address 421 Cantwell Ct.
Madison, WI 53703

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

At this meeting are you representing an organization or a person other than yourself: Yes No
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Print Name _____



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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 1

PLEASE PRINT NAME CLEARLY

Name

Bill White

Address

2708 Lakeland Ave
Madison

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

At this meeting are you representing an organization or a person other than yourself: Yes No
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Print Name _____



Date: 3/15/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 1

PLEASE PRINT NAME CLEARLY

Name Carole Schaeffer
Address 282 Alpine Meadow Cr
Oregon, WI

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

Wish to Speak

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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Smart Growth Greater Madison
701 e wash ave madison 53575

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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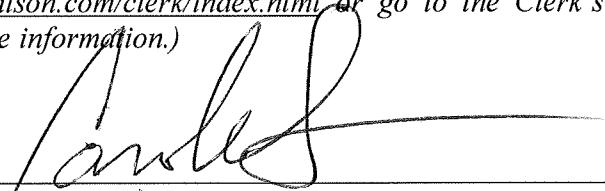
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Date _____

Signature



Print Name

Carole Schaeffer



Date: 3/15/11

WISH TO SPEAK FORM

7.10 -

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 1

Name Julie Spears
 Address 307 S. Faw St
Madison, WI 53703

Please check one:

AND

Please check:

- Support *w/ co-op amendments*
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Marquette Neighborhood Association
943 Jennifer St
Mad 53703

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? 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 question.)

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Signature _____

Print Name _____



Date: 3/15/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. # 1

Name Attorney David Spaser
Address 16 N. Carroll St
Madison 53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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Name, address and telephone number of each person or organization you are representing:

Madison Community Cooperative
1202 Williamson
Madison 53703

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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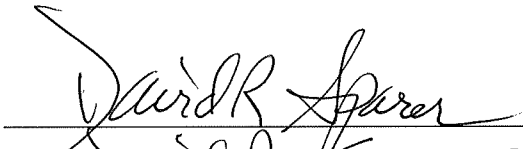
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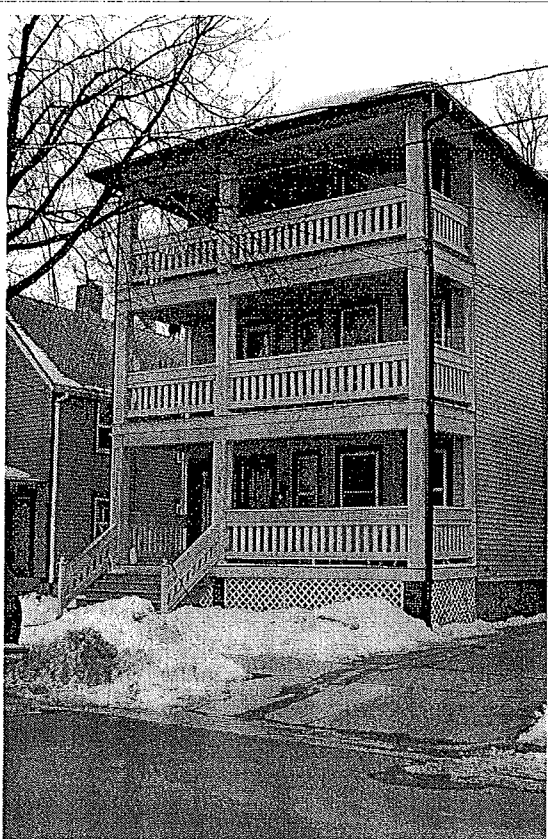
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Date 3/15/11

Signature 
Print Name David R Spaser

Potential Housing Cooperative conversions in likely TR-C3 zones:



Housing Cooperative Amendments

Highlighted are the two housing cooperative amendments in order as they would appear in the ordinance text, which can currently be found on page 181:

Housing Cooperative.

- (a) In the SR-C3 **and TR-C3** Districts, buildings with more than one (1) dwelling unit may be converted for use as a Housing Cooperative if the occupancy is the lesser of the number of legal bedrooms prior to conversion or the legal occupancy allowed at the time of conversion, except that any occupancy greater than fourteen (14) requires conditional use approval.
- (b) In the SR-V1, SR-V2, TR-V1, TR-V2, NMX, TSS, and CC-T Districts, buildings with more than one (1) dwelling unit may be converted for use as a Housing Cooperative if the occupancy is the lesser of the number of legal bedrooms prior to conversion or the legal occupancy allowed at the time of conversion, except that any occupancy greater than twenty (20) requires conditional use approval.
- (c) In the **SR-V1, SR-V2, SR-C3, TR-C3**, TR-V1, TR-V2, NMX, TSS, and CC-T Districts, a Housing Cooperative may locate in a single-family dwelling with conditional use approval.
- (d) In the TR-U1 and TR-U2 Districts, Housing Cooperatives may locate in any single-family dwelling or convert a building with more than one (1) dwelling unit if the occupancy equals the number of legal bedrooms prior to a change in use to a Housing Cooperative. Occupancy greater than the legal number of bedrooms prior to a change in use requires conditional use approval.
- (e) When Housing Cooperatives are established within single-family dwellings, the single family appearance and function of the building shall not be altered through the addition of entrances or kitchens.
- (f) When two-family, three-family and multi-family buildings are converted into Housing Cooperatives, the entire building must remain a Housing Cooperative while any portion of it is so occupied.

Amendment 1 would move conversion of multi-unit buildings in zone TR-C3 from prohibited to match SR-C3 restrictions. *Likely TR-C3 zones include the strip of housing on the south side of Old University Avenue or the Willy Street neighborhood between Ingersoll and the Yahara River*

Amendment 2 would move conversion of a single-family dwelling from prohibited to conditional use in SR-V1, SR-V2, SR-C3 and TR-C3 districts, requiring any such conversion to gain neighborhood approval. *Likely SR-V1 and SR-V2 districts include housing two blocks south of Regent St between Mills and Monroe, or housing on either side of Johnson and Dayton between N Hamilton and the Yahara River.*

- Housing Cooperatives are prohibited in all districts *not* listed.
- Neither of these amendments permit an increase in density.

Why support these amendments?

- Increase housing diversity
- Avert the 'brain drain' from Madison
- Support an innovative housing form in which we have been national leaders
- Support affordable non-subsidized housing
- Including housing cooperatives was the most popular issue at the first listening session in 2009 and more citizens have spoken in support than any housing issue



Date: 3/15/2014

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>1</u>	<u>SUPPORT</u> <u>AMENDMENT</u>
---------------------	------------------------------------

Name JEFFREY BESSMER

Address 1820 SUMMIT AVENUE
MADISON, WI 53726

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

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," provide the name of who you represent and go on to the next question.)

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 duties for this person or organization? 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 question.)

Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

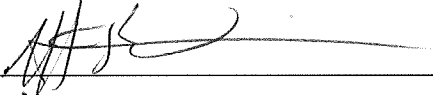
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 3/15/11

Signature 

Print Name JEFF DESMER



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>1 (one)</u>

Name Tim Prior

Address 2625 PARK PL
MAD WI 53705

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

Do not wish to speak

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," provide the name of who you represent and go on to the next question.)

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Print Name _____



Date: 3/15/2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 1

Name FRANK NICK

Address 1820 Summit Ave
Madison 53726

Please check one:

AND

Please check:

Support *Coop Amendments*

Do not wish to speak

Oppose

Neither Support Nor Oppose

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," provide the name of who you represent and go on to the next question.)

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/15/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. ~~1577~~ 1

Name Jason Patton
Address 2106 Sheridan Dr
Madison 53704

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/15/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 1

Name Heidi Wegleiter
Address 1941 E Dayton St
Madison, WI 53704

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not wish to speak

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," provide the name of who you represent and go on to the next question.)

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/15/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. # 1

Name PATRICK BORN
Address 1820 SUMMIT AVE.
MADISON, WI 53726

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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," provide the name of who you represent and go on to the next question.)

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/15/2011

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name SUSAN HOLLINGS WORTH

Address 1820 SUMMIT AVENUE
MADISON WI 53726

Agenda No. 1 COOPERATIVES

Please check one:

AND

Please check:

- Support AMENDMENTS
- Oppose
- Neither Support Nor Oppose

- 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," provide the name of who you represent and go on to the next question.)

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Are you being paid for your representation? Yes No

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Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/15/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 01

Name Adam Porton
Address 122 N. Bassett St.
Madison, WI 53703

Please check the appropriate box:

Please check the appropriate box:

- Support** *Co-op amendments*
- Oppose**
- Neither Support Nor Oppose**

AND

- 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," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Madison Community Co-op
1202 Williamson St. Madison, WI 53703
608-251-2667

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? 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 question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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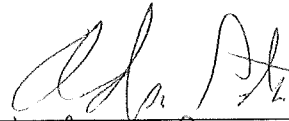
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Date 3/5/11

Signature 

Print Name Adam Parton



Date: 3-15-11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 1 support co-op amendment

Name Laura LaFleur
Address 1820 Summit Ave.
Madison, WI 53726

Please check one:

AND

Please check:

Support

Available to answer questions

Oppose

Neither Support Nor Oppose

At this meeting are you representing an organization or a person other than yourself: Yes No
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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