

AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Repealing Inde YOUR NAME DATE YOUR ADDRESS 2438 Please check the appropriate boxes: **A** Oppose ☐ 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: \(\sigma\) 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: Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? ☐ Yes No (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 No for your municipality or other governmental body? ☐ Yes (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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 2. 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.)

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

Signature

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 - 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.
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- 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.
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	JBJECT/ADDRESS/TOPIC _	820 Wol	EDGE	WOOD	Ruz
YOUR NAME MARC GA	RTLER	DATE			
YOUR ADDRESS 820 Was	BOROW			L	
Please check the appropriate boxes:					
□ Support	Oppose	□ Neither	Support N	Nor Oppos	e
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	it)	to speak	(3 min. limit	9
☐ Do not wish to speak	☑ Do not wish to speak	□ Do no	ot wish to	speak	
☐ Available to answer questions	Available to answer ques	tions	lable to an	swer questi	ons
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AGENDA ITEM NO 9 SUBJECT/ADDRESS/TOPIC LYIT MASTER PLAN				
YOUR NAME YARL G	EN	DATE 11/11	119	
YOUR ADDRESS 860 WOO	oprow ST	MADISON	533	-1/
Please check the appropriate boxes:				
□ Support	Oppose	□ Neither	Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. la	imit) 🔲 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 qu	estions	lable to an	swer questions
At this meeting are you representing as (If you answered "no," STOP; you need not contained and the state of	complete the rest of this form. If y	you answered "yes," go		□ No ext questions.)
Are you being paid for your representation?			☐ Yes	⊡ ′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.)			☐ Yes	□No
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC	general MT
YOUR NAME YOUR LO	CCUIS DAT	E 1/1/19
YOUR ADDRESS	706 Long	1dS+
Please check the appropriate boxes:	· · · · · · · · · · · · · · · · · · ·	ladisa
□ 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	Onot 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. 9 SUBJECT/ADDRESS/TOPIC Edgewood				
YOUR NAME NATHAN WANTIER DATE 1/11/19				
YOUR ADDRESS 22 East Mifflin, Sate 700, MAD 150N				
Please check the appropriate boxes:				
Support				
☐ 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 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:				
Edgewood High School for the SACRED Heart				
Are you being paid for your representation?				
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 SU.	BJECT/ADDRESS/TOPIC	/ IVGELIOD
YOUR NAME STEVE	KANIZ DATE	11/11/19
YOUR ADDRESS 1715	Adims STIE	et MADILON
Please check the appropriate boxes:		
Support Repeal	□ 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. SUBJECT/ADDRESS/TOPIC COMMON VIOLENTIAL
YOUR NAME 9 Nawn Schey DATE DATE
YOUR ADDRESS 979 Woodsw St 111119
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
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC togewood mp Pepeal YOUR NAME Danne Fenleins DATE 11-11-19 YOUR ADDRESS 1802 Minroe St #408				
YOUR ADDRESS 1802 Min	nroe St #408			
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
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(4)				
AGENDA ITEM NO. SI	JBJECT/ADDRESS/TOPIC Lot	of wood	talgelion	of Campy Master
YOUR NAME JOHN (ette DA	TE 11/11/	2019	run
YOUR ADDRESS 256 Wes	Laws Ave			
Please check the appropriate boxes:				
☐ Support	□ Oppose	□ Neither	Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wisl	h to speak (3	3 min. limit)
☐ Do not wish to speak	Do not wish to speak	□ Do r	not wish to s	speak
☐ Available to answer questions	☐ Available to answer questions	s 🗖 Avai	ilable to ans	swer questions
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Repeating Edgewood Campus Plan					
YOUR NAME Catherine Jagoe DATE 11/11/2019					
YOUR ADDRESS 2318 West	Lawn Ave, Madison WI	5371	1		
Please check the appropriate boxes:					
□ Support	⊠(Oppose □	Neither	Support 1	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	
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DateS	Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Master Plan Repeal					
YOUR NAME Gretchen Twiet meyer DATE 11/11/19					
YOUR ADDRESS 1260 We	st Lawn Madison	53711			
Please check the appropriate boxes:					
□ Support	⊅ Oppose □	Neither Support No	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 answ	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 to the next	No questions.)		
	Francisco Joseph Property	nung.			
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	or if your appearance is part of other paid dut	ies, please be advised that			
	ist, you or your principal must file an authori				
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Date S	ignature				

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AGENDA ITEM NO. 54 8 3 SU		al of M	aster Pl	an Edgewood
YOUR NAME Marie	Trest DAT	E_1111	19	
YOUR ADDRESS 2310 N	Monroe St			
Please check the appropriate boxes:				
☐ Support	Oppose	□ Neither S	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 no	ot wish to	speak
☐ Available to answer questions	Available to answer questions	☐ Avail	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other that complete the rest of this form. If you answe	in yourself: ered "yes," go	Yes on to the no	No ext questions.)
Name, address and telephone number of ea	ch person or organization you are repre	esenting:		
Are you being paid for your representation?			☐ Yes	□ 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.)	uties for this person or organization? , STOP. You need not complete the rest of	^f this form.	☐ Yes	□ No
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	ody? • You need not complete the rest of this for	m except	☐ Yes	□ No
If you are being paid for your representation, or	or if your appearance is part of other paid of	luties, please b	e advised th	hat:
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2. Your principal is not permitted to authorize	ze you to lobby unless the principal is regis	stered with the	City Clerk	
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any r h the City Clerk for the remaining quarters	eporting periods of the calend	d (calendar ar year.	six months), the
(Please go to the City Clerk's website www.cit County Building, Madison, for more information	yofmadison.com/clerk/index.html or go to on.)	the Clerk's Of	fice at Roo	m 103 of the City-
Date S	ignature	4		

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AGENDA ITEM NO. 9/56839 SU	BJECT/ADDRESS/TOPIC Edg	ien ood Pa	Repeal		
YOUR NAME Elman B	rodshy DATE	NUS 1	1, 2019		
YOUR NAME Elman B YOUR ADDRESS F66 WOO	drow St Madism	WI 537	71		
Please check the appropriate boxes:					
☐ Support	Oppose	☐ Neither Su	pport 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		wish to speak		
☐ Available to answer questions	Available to answer questions	☐ Availab	le 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 answer	n yourself: [red "yes," go on	Yes Elino		
Name, address and telephone number of ea	ach person or organization you are repre	senting:			
Are you being paid for your representation?					
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	this form.	Yes No		
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	rist, you or your principal must file an autho				
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Masky Plan Report				
YOUR NAME Par Alea DATE 11/2015				
YOUR ADDRESS 108 Leonard St. 53711				
Please check the appropriate boxes:				
☐ Support	☼ Oppose □	Neither S	upport I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish t	o speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak		speak
☐ Available to answer questions	Available to answer questions	☐ Availa	ble 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 each	complete the rest of this form. If you answered	d "yes," go o	Yes n to the ne	No ext 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.)				
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AGENDA ITEM NO. SU.	BJECT/ADDRESS/TOPIC			
YOUR NAME MORE WOLLSON DATE 11 19				
YOUR ADDRESS 17743 R	Palling OAKS (are I werena		
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				
Name, address and telephone number of ea	ch person or organization you are repr	resenting:		
Answer hair a maid for your remandantation?				
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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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. SU	BJECT/ADDRESS/TOPIC Edge	wood Mask	er Plan	
YOUR NAME Nancy Standidge DATE 11-11-19				
YOUR ADDRESS 1011 Edge wood Ave				
Please check the appropriate boxes:	ð			
☐ Support	Oppose	l 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			No ct questions.)	
Name, address and telephone number of ea	ach person or organization you are represe	enting:		
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 the	☐ Yes his form.	□ No	
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC	Repoul E	Lywood	muster Plm
YOUR NAME Imathan S	tandridge	DATE ///	/19	
YOUR ADDRESS 10/1 Ed	gewood Ave	- Madisor	í	
Please check the appropriate boxes:				
☐ Support	Oppose	□ Neither	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	mit)	h to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	□ Do r	not wish to	speak
☐ Available to answer questions	Available to answer que	estions	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	No 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 organizati s, STOP. You need not complete to	on? he rest of this form.	☐ Yes	№ No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest o	of this form except	☐ Yes	⊠ No
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC	Edjewood Repert Master Ha	
YOUR NAME MILE	21/801 DAT		
YOUR ADDRESS			
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	an organization or a person other the complete the rest of this form. If you answ	nan yourself: Yes No vered "yes," go on to the next questions.)	
Name, address and telephone number of ea		resenting:	
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 question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	of this form.	
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AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC 2002 METERPY				
YOUR NAME GO AGREST DATE 11 111/20				
YOUR ADDRESS (910) SP-29/25en ST NEGT				
Please check the appropriate boxes: OPPOSE REPERCING				
Please check the appropriate boxes: OPPOSE REPERING Support Oppose Missippins 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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Date 11/11/2 Signature Ella				

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EGISTRATION FORM				
AGENDA ITEM NO. 9 SU	BJECT/ADDRESS/TOPIC Zage	ewood Master P	lan Repual	
YOUR NAME MAY CLARE	Murphy DATE	11-11-19		
YOUR ADDRESS 1910	ellerson A.	, ,	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please check the appropriate boxes:	Want to oppose letting Ed	gewood leave to	Me Masta Har.	
☐ 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	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	in organization or a person other than complete the rest of this form. If you answer	n yourself: Yes ed "ves," go on to the nex	No No auestions.)	
Name, address and telephone number of ea			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 t	Yes this form.	□ No	
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this form	☐ Yes	□ No	
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.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				

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.
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AGENDA ITEM NO. 9 SUBJECT/ADDRESS/TOPIC + DOWNOUD MASTER PLAN				
YOUR NAME YNN BJORKMAN DATE				
YOUR ADDRESS 910 W LAWN AVE, MADISON 53711				
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 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 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.)				
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Date Signature				

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AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan Repeal					
AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan Repeal YOUR NAME Gail Marknell," DATE 11/11/2019					
YOUR ADDRESS 2317 West hown 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			☑ No ext questions.)		
Name, address and telephone number of ea	ach person or organization you are repres	enting:			
Are you being paid for your representation?					
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 11/11/2019 Signature Jul Martinelli					

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