

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
 YOUR NAME Gary Peterson DATE 17 Sept 2012  
 YOUR ADDRESS 1010 Marshall Dr

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>               | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)      |
| <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak              |
| <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> 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:

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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?  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 for your municipality or other governmental body?  Yes  No  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC FIRST SETTLEMENT ZONING MAP  
 YOUR NAME JIM SKREUTNY DATE 9/27/12  
 YOUR ADDRESS 511 E. MAIN ST.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                       | <input checked="" type="checkbox"/> Oppose                       | <input checked="" type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)          |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak                  |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> 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:  
CNI - FIRST SETTLEMENT DISTRICT CHAIR

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.)*  Yes  No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC subarea 19 zoning code rewrite  
 YOUR NAME Joe LUSFON DATE 9-27-12  
 YOUR ADDRESS 627 E. Gorham St 53703

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                       | <input checked="" type="checkbox"/> Oppose                       | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> Available to answer questions |

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME hedell Zeller DATE 9/27/12

YOUR ADDRESS 510 N Carroll St

Please check the appropriate boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b>                  |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input checked="" type="checkbox"/> <del>Wish to speak (3 min. limit)</del> |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                               |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions                      |

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC James Madison Park Zoning  
YOUR NAME Lupe Montes Tydrich DATE 9-27-12  
YOUR ADDRESS 108 N. Hancock

Please check the appropriate boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b>                  |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input checked="" type="checkbox"/> <del>Wish to speak (3 min. limit)</del> |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                               |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions                      |

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(If you answered "no" to both these questions, **STOP**. You need not complete the rest of this form.  
If you answered "yes," please continue.)  Yes  No

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Date 9-27-12 Signature [Handwritten Signature]

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC First Settlement Zoning Map  
 YOUR NAME Bert Stitt DATE 9-27-12  
 YOUR ADDRESS 20 S. Franklin St.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                       | <input checked="" type="checkbox"/> Oppose                       | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> Available to answer questions |

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Date \_\_\_\_\_ Signature Bert Stitt

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Alder Bridget Maniaci DATE \_\_\_\_\_

YOUR ADDRESS 916 E Gorham St Apt F

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                       | <input type="checkbox"/> Oppose                        | <input checked="" type="checkbox"/> Neither Support Nor Oppose   |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                    |
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Date Sept 27, 2012 Signature Bridget Maniaci

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AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME E. EDWARD LINVILLE DATE SEPT 27, 2012

YOUR ADDRESS 408. E. NILSON ST. MADISON, WIS.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Support                      | <input type="checkbox"/> Oppose                        | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  |
| <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
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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.



# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. # 5 + #18 SUBJECT/ADDRESS/TOPIC DA1 Building with a  
 YOUR NAME Franny Ingebritson DATE Thurs. Sept. 27  
 YOUR ADDRESS 3116 Wisconsin Ave. #1

Please check the appropriate boxes:

- Support Items 5, 6, 8, 17  Oppose Item 9  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?  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.)  Yes  No

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.)  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](http://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 Thurs. Sept. 27 Signature Franny Ingebritson

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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.
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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC Zoning  
YOUR NAME Esther Herold DATE Sept 27/12  
YOUR ADDRESS 311 N Hancock

Please check the appropriate boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input checked="" type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input checked="" type="checkbox"/> Wish to speak (3 min. limit)      |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                         |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions                |

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(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
If you answered "yes," please continue.)  Yes  No

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.)  Yes  No

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Date 9/27/12 Signature Esther Herold

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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