AGENDA ITEM NO. 10/11 SU	BJECT/ADDRESS/TOPIC <u></u> り	48 S Park St	
YOUR NAME <u>Sug Ellme</u>	DAT	TE 12/17/12	
YOUR ADDRESS <u>(922 VD</u>	Jave	' /	
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: Yes \sum_{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 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	of this form.	
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 fo	orm except Yes 🗖 No	
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2. Your principal is not permitted to authorize	ze you to lobby unless the principal is reg	gistered 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 h the City Clerk for the remaining quarte	reporting period (calendar six months), the ers of the calendar year.	
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more informati Date 12/17/12 S	t <u>yofmadison.com/clerk/index.html</u> or go to on.) ignature <u>Hull</u> ignature	to the Clerk's Office at Room 103 of the City	

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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AGENDA ITEM NO. (10 ' SI	JBJECT/ADDRESS/TOPIC <u>L</u>	ANS'S BALEGRY
YOUR NAME A	MORAN DA	ATE NOW 17,2012
YOUR ADDRESS 916 EN	reality 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 question	ns
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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.)		st of this form.
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AGENDA ITEM NO. 1051 SU	BJECT/ADDRESS/TOPIC 445	2 S Page	, Q
YOUR NAME Cyffua a			2
YOUR ADDRESS 100 ()	ike St		
Please check the appropriate boxes:			
☐ Support	☐ Oppose	☐ Neither Sup	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	☐ Do not v	vish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availabl	le to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of ea	complete the rest of this form. If you answ	ered "yes," go on i	
	5 ,		
Are you being paid for your representation?		. 0	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	of this form.	Yes 🔲 No
Are you an elected official or employee who for your municipality or other governmental the solution of the so	oody? P. You need not complete the rest of this fo	orm except	Yes 🗖 No
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Date S	Signature	·	

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AGENDA ITEM NO. SI	JBJECT/ADDRESS/TOPIC 449 5.7	arl	
YOUR NAME STUDY KOLOS	DATE	12-17-12	
YOUR ADDRESS 417 5. Br	ade of		
Please check the appropriate boxes:			
☐ Support	☑Oppose □ Neid	her 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 ☐ I	Oo not wish to	speak
☐ Available to answer questions	☐ Available to answer questions ☐	Available to an	swer questions
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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 questio If you answered "yes," please continue.)	duties for this person or organization? ns, STOP. You need not complete the rest of this for	☐ Yes	🗷 No
for your municipality or other governmental (If you answered "yes" to the question, STC	o is appearing solely on behalf of your office or body? PP. You need not complete the rest of this form except of the question, go on to the next questions.)	☐ Yes	⊠(No
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	rize you to lobby unless the principal is registered w	-	
 If your principal spends or will owe mo principal must file expense statements v 	re than \$1,000 for lobbying services in any reporting with the City Clerk for the remaining quarters of the	; period (calendar calendar year.	six months), the
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AGENDA ITEM NO. 🕡 SUI	BJECT/ADDRESS/TOPIC Jorda	3 Dralce
YOUR NAME Zoccai Lew	DATE	12/17/12
YOUR ADDRESS 137 Encl	ud	
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 o	complete the rest of this form. If you answe	red "yes," go on to the next questions.)
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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 ☐ No m except
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Date S	ignature	,
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AGENDA ITEM NO/ SU	JBJECT/ADDRESS/TOPIC	8 S. PAYL
YOUR NAME) SEAH MA	COLUICE DATE	12.17.1012
YOUR ADDRESS <u>\f// W. M</u>	4/N	
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 e	ach person or organization you are repres	senting:
Are you being paid for your representation?		☐ Yes ☐ No
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AGENDA ITEM NO. 16) SUBJECT/ADDRESS/TOPIC 448 S. PANL		
YOUR NAME BOOK LEE - SLA ANHHOUS DATE 12.17.2012		
YOUR ADDRESS 5325 WALL ST HUJOO -MADISON ME 53718		
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppose		
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 \(\sum_{No}\) (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)		
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YII W. MAIN - HADISON, WE STOWN		
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Day (4) Yould Micked Uso Blo
YOUR NAME SUSAN PROVIDE DATE 12/17/2
YOUR ADDRESS 409 S BOOKS ST
Please check the appropriate boxes:
□ Support Nor 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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