

**PLAN COMMISSION  
REGISTRATION FORM**

103

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC 210 Lyndon ST  
 YOUR NAME Randy Bruce DATE 2/4/13  
 YOUR ADDRESS 7601 UNIVERSITY AVE

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 checked="" 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:  
THETA CHI FRATERNITY  
RATTLE BUILDING CORPORATION

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

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Date 2/4/13 Signature Randy Bruce

**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.
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.

PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 10+11 SUBJECT/ADDRESS/TOPIC 210 Langdon ~~Terre~~ Theria Chie

YOUR NAME STEPHANIE STENDEN DATE 2/4/13

YOUR ADDRESS 601 N HENRY

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 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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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 2/4/13 Signature 

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 1011 SUBJECT/ADDRESS/TOPIC THETA CH / HENRY LOT  
 YOUR NAME FRED MOHS DATE 2/4/13  
 YOUR ADDRESS 512 WISCONSIN AVE

Please check the appropriate boxes:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Support <u>OK</u>                       | <input type="checkbox"/> Oppose                        | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <u>YES</u> | <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  
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Name, address and telephone number of each person or organization you are representing:  
 \_\_\_\_\_  
 \_\_\_\_\_

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Are you appearing as part of your other paid duties for this person or organization?  
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Date 2/4/13 Signature James E. Wood

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10-11 SUBJECT/ADDRESS/TOPIC OX Farmington Horse  
 YOUR NAME GARY KELPIN DATE 2/4/13  
 YOUR ADDRESS 6605 CRUISER DRIVE MADISON 53705

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Support              | <input type="checkbox"/> Oppose                        | <input 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 type="checkbox"/> Wish to speak (3 min. limit)  |
| <input checked="" 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 "yes," please continue.)  Yes  No

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

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10/11 SUBJECT/ADDRESS/TOPIC 210 Langdon  
 YOUR NAME Rebecca Anderson DATE 2-4-13  
 YOUR ADDRESS 615 Howard Pl

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 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 checked="" 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. 10711 SUBJECT/ADDRESS/TOPIC 210 Langdon Thatachi  
 YOUR NAME Anne Lawrence DATE 02/04/13  
 YOUR ADDRESS 1057 O'Keefe Ave #146 Sun Prairie WI

Please check the appropriate boxes:

53590

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Support              | <input type="checkbox"/> Oppose                        | <input 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 type="checkbox"/> Wish to speak (3 min. limit)  |
| <input checked="" 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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Name, address and telephone number of each person or organization you are representing:  
Thata Building Assn; 108 Langdon St, Madison,  
WI, 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?  
 (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 02/04/13 Signature Anne Lawrence

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