

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC 2262 WINNEBAGO ST  
 YOUR NAME JACOB DEHAVEN DATE 8/12/2019  
 YOUR ADDRESS 2342 E WASHINGTON 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"/> <b>Wish to speak (3 min. limit)</b> | <input type="checkbox"/> <b>Wish to speak (3 min. limit)</b>  | <input type="checkbox"/> <b>Wish to speak (3 min. limit)</b>  |
| <input type="checkbox"/> <b>Do not wish to speak</b>                    | <input type="checkbox"/> <b>Do not wish to speak</b>          | <input type="checkbox"/> <b>Do not wish to speak</b>          |
| <input type="checkbox"/> <b>Available to answer questions</b>           | <input type="checkbox"/> <b>Available to answer questions</b> | <input type="checkbox"/> <b>Available to answer questions</b> |

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:**  
THE WINNEBAGO - 2262 WINNEBAGO ST - 608-354-8690

Are you being paid for your representation?  Yes  No

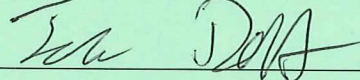
Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*

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  
*(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 8/12/2019 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.  
 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. 56127 SUBJECT/ADDRESS/TOPIC 2262 Winnebago St  
 YOUR NAME Chris McCall DATE 8/12/19  
 YOUR ADDRESS 410 Cartwell Ct. Apt. 1

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     |

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*(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.)*

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Date 8/12/19 Signature Chris McCall

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC 2262 Winnebago St.  
YOUR NAME John Detken DATE 8/12/19  
YOUR ADDRESS 523 W. Wilson St.

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 type="checkbox"/> Do not wish to speak                     | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak              |
| <input checked="" 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:  
The Winnebago Arts Cafe

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?  
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Date 8/12/19 Signature John Detken

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 56127 SUBJECT/ADDRESS/TOPIC Winnebago Capacity  
YOUR NAME David Bramson DATE 8.12.19  
YOUR ADDRESS 153 Farrell St Madison WI

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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If you answered "yes," please continue.)  Yes  No

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC Wineledge Thing  
 YOUR NAME Son Ildo DATE 8-12-19  
 YOUR ADDRESS 2257 E. Washington Ave Apt D

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 checked="" type="checkbox"/> <del>Wish to speak (3 min. limit)</del> | <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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