

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Conditional use & DEMO
 YOUR NAME JACKSON FONDER DATE 1/28/19
 YOUR ADDRESS 1530 Middleton St Middleton WI 53562

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input 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 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:

Catholic Charities 2502 High Point Rd Madison, WI

Are you being paid for your representation? Yes No

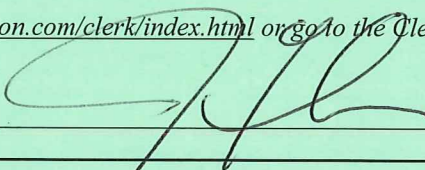
Are you appearing as part of your other paid duties for this person or organization?
 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
 If you answered "yes," please continue.) Yes No

Are you an elected official or employee who is appearing solely on behalf of your office or
 for your municipality or other governmental body? 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.)

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 1/28/19 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. 2 SUBJECT/ADDRESS/TOPIC 814 W. D'n

YOUR NAME Jerome Bonnie Thiel DATE 1-28-19

YOUR ADDRESS 1518 Blue Heron Way, Oregon WI

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 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?
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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 1-28-19

Signature Bonnie Thiel

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC 810-814 OLIN AVE
 YOUR NAME DAVID BAUM DATE 1-28-19
 YOUR ADDRESS 301 E CHICAGO SUITE 310 MILWAUKEE WI

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 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:

CATHOLIC CHARITIES OWNER

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization?
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Date 1-28-19 Signature [Signature]

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Demolition @ 814 W. Oak

YOUR NAME Frank Hospod DATE 1/28/19

YOUR ADDRESS 814 W. OAK AVE.

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 |
| <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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Are you being paid for your representation? Yes No

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Date 1/28/19 Signature *Frank Hospod*

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC DEMOLISH OF 814 WEST
 YOUR NAME WILLIAM HOSPOD DATE 1-28-19
 YOUR ADDRESS 814 WEST OLIN AVENUE, MADISON 53715

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 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 checked="" type="checkbox"/> Available to answer questions |

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Date 1-28-19 Signature William Hospod

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