

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4.5/6 SUBJECT/ADDRESS/TOPIC MILWAUKEE ST. MF
YOUR NAME BRIAN MUNSON DATE OCT. 28, 2019
YOUR ADDRESS 170 EAST LAKESIDE 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 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:

KC19 DEVELOPMENT
9383 N. MERIDIAN STREET, INDIANAPOLIS, IN

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

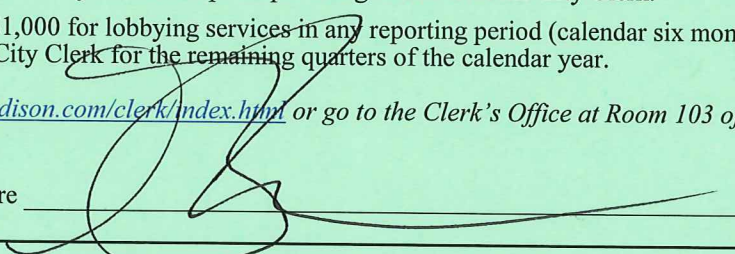
(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)

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(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 OCT. 28, 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.
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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.
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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4/5/6 SUBJECT/ADDRESS/TOPIC THE MASTOWILLS

YOUR NAME MATT GILHOOL DATE 10/28/2019

YOUR ADDRESS 9333 N. MERIDIAN ST., SE. 231, INDIANAPOLIS, IN

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:

KCA DEVELOPMENT, LLC - SAME AS ABOVE

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 10/28/2019

Signature [Signature]

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4.386 SUBJECT/ADDRESS/TOPIC 6810 M. / Waverly St
 YOUR NAME Ron Trachtenberg DATE 10/26/19
 YOUR ADDRESS 2501 Parmantus St. Middleton

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:

James Horvath
1314 Manages Trail

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 10/26/19

Signature

Ron Trachtenberg

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4/5/6 SUBJECT/ADDRESS/TOPIC 2810 W. Walnut St
 YOUR NAME Jim Houde DATE 10/20/19
 YOUR ADDRESS 1314 ~~Madison~~ Monacaas Trail, Madison, WI 53718

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?
 (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 10/28/2020 Signature [Signature]

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4.5, +6 SUBJECT/ADDRESS/TOPIC THE MEADOWLANDS
YOUR NAME ERIC MARING DATE 10/28/19
YOUR ADDRESS 316 MORRIS AVE, SUITE 410 MUSKEGON, MI 49534

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:

KLG DEVELOPMENT

9333 NORTH MERIDIAN STREET, INDIANAPOLIS, IN

Are you being paid for your representation? ☒ Yes ☐ No

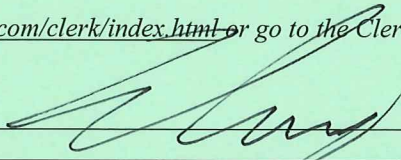
Are you appearing as part of your other paid duties for this person or organization? ☒ Yes ☐ No
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)

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 10/29/2019 Signature 

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4,5,6 SUBJECT/ADDRESS/TOPIC General Ordan Meadowlands Dev.
YOUR NAME Cheryl Solaris DATE 10/28/19
YOUR ADDRESS 208 Shady Leaf Rd. Madison WI 53718

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?

☐ 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 10/28/19

Signature Cheryl Solaris

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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**PLAN COMMISSION
REGISTRATION FORM**

4-6

AGENDA ITEM NO. 56461 SUBJECT/ADDRESS/TOPIC THE MADISON LUMBER
YOUR NAME Paul Anderson DATE 10/28/19
YOUR ADDRESS 7132 RUSTON LEBLANC DR MADISON, WIS. 53718

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
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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?

☐ Yes

☒ No

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Are you an elected official or employee who is appearing solely on behalf of your office or
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☐ Yes

☒ No

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4-6 SUBJECT/ADDRESS/TOPIC General Ordinances

YOUR NAME Laura Pitt DATE 10/28/19

YOUR ADDRESS 6952 Reston Heights Drive

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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(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?

☐ 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 10/28/19 Signature Laura E Pitt

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 56467-56463 SUBJECT/ADDRESS/TOPIC 1 Woodstone Drive Apt.

YOUR NAME Chibak Samuel Okakwu DATE Oct 28, 2019

YOUR ADDRESS 7120 Reston Heights Dr Madison 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?

☐ 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.)

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 10/28/19 Signature Chibak Samuel Okakwu

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.