

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 6+17 SUBJECT/ADDRESS/TOPIC 7043 TREE LAVE  
 YOUR NAME JANET HIRSCH DATE 7/8/2019  
 YOUR ADDRESS 7311 CEDAR CREEK

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b> WITH CONCERN  | <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     |

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:  
TAMARACK TRAILS COMMUNITY SERVICES ASSN.

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 7/8/2019 Signature Janet Hirsch

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 027 SUBJECT/ADDRESS/TOPIC 56287, 55915  
 YOUR NAME ERIC HARMAN DATE 7/31/19  
 YOUR ADDRESS 1414 UNDERWOOD AVE SUITE 301 WAUKESHA WI 53213

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 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:

As ARCHITECTURE (SAME)

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 7/31/2019 Signature [Signature]

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 6,7 SUBJECT/ADDRESS/TOPIC Capri - Tree Ln.  
 YOUR NAME Amy Schoenemann DATE 7/8/19  
 YOUR ADDRESS 20875 Crossroads Cir, #400 Waukesha, WI 53122

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     |

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:

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Are you being paid for your representation?  Yes  No

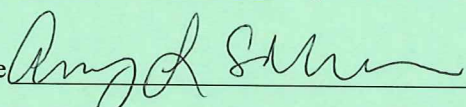
Are you appearing as part of your other paid duties for this person or organization?  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

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 7/8/19 Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO 647 SUBJECT/ADDRESS/TOPIC CAPT  
 YOUR NAME MARYANNE HUTTLESTON DATE 7/8/19  
 YOUR ADDRESS 7 Honey Locust Tr. Madison WI 53717

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support with concerns</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 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 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 7/8/19 Signature Maryanne Huttleston

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 6, 7 SUBJECT/ADDRESS/TOPIC 7043 TREE LANE (CAPRI)  
 YOUR NAME CHRISTINA FINET DATE 7/8/19  
 YOUR ADDRESS 19 MOUNTAIN ASH TR MADISON WI 53717

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b> with concerns | <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 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:

TAMARACK TRAILS CONDO ASSN.

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 7/8/19 Signature Christina Finet

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 6+7 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Charles Elson DATE 7/8/15

YOUR ADDRESS 7 Gray Birch Trl

Please check the appropriate boxes:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> <b>Support</b> <i>with a commission</i> | <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     |

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:

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Are you being paid for your representation?  Yes  No

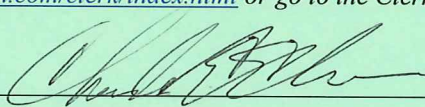
Are you appearing as part of your other paid duties for this person or organization?  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

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 7/8/15 Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 6/7 SUBJECT/ADDRESS/TOPIC Zoning map amendments  
 YOUR NAME Marcus Pearson DATE 7/8/19  
 YOUR ADDRESS 807 E. Johnson St. Madison WI 53703

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:

Capri Senior Community

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  
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Date 7/8/19 Signature Marcus Pearson

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 647 SUBJECT/ADDRESS/TOPIC 2043 Trapp Lane  
 YOUR NAME Bruce Hollar DATE 7/8/19  
 YOUR ADDRESS 7530 Westward Way Madison 53717

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)      |
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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:

Capri Senior Housing

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 7/8/19 Signature Bruce Hollar

### 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. 617 SUBJECT/ADDRESS/TOPIC Capri - Tree Lane  
 YOUR NAME Wayne Wiertzema DATE 7/8/19  
 YOUR ADDRESS 20875 Crossroads Circle, Suite 400 Waukesha, 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 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:

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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.)

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.

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Date 7/8/19 Signature Wayne Wiertzema

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