AGENDA ITEM NOSI	UBJECT/ADDRESS/TOPIC			
YOUR NAME CARY SETURION IS DATE 17 GEST AUIT				
YOUR ADDRESS / ///	Marinette / Va		. ,	
Please check the appropriate boxes:				
D Support	☐ Oppose	☐ Neither Support I	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	s 🔲 Available to an	swer questions	
At this meeting are you representing (If you answered "no," STOP; you need no.	t complete the rest of this form. If you answ	nan yourself: 🔲 Yes vered "yes," go on to the ne	A No	
Name, address and telephone number of	each person or organization you are rep	resenting:		
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.)				
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.)				
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Date	Signature			

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AGENDA ITEM NO. $2$ SUE	BJECT/ADDRESS/TOPIC <u>F/R</u>	ST SETTLEME	W- 70N/N	
YOUR NAME JIM SKR	DATE DATE	1 9/27/12	NIA	
YOUR ADDRESS 511 F , M	IAIN ST.	. ,	·	
Please check the appropriate boxes:				
□ Support 🗵	<b>T</b> Oppose	☑ Neither Support N	lor Oppose	
☐ Wish to speak (3 min. limit)	☑ Wish to speak (3 min. limit)	☐ Wish to speak (		
☐ 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 ans	swer 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:  (A) - FIRST SETTLEMENT DISTRICT CHAIR				
Are you being paid for your representation?		☐ Yes	Ø′No	
Are you appearing as part of your other paid du (If you answered "no" to both these questions, If you answered "yes," please continue.)	ities for this person or organization? STOP. You need not complete the rest of	this form.	Mo No	
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Date Sit	gnature			

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AGENDA ITEM NOSUBJECT/ADDRESS/TOPICSUBJECT	19 Zoning code reunt		
YOUR NAME JOE LUSSON DATE 9-7	27-12		
YOUR ADDRESS 627 E. Gorham St 53703			
Please check the appropriate boxes:			
☐ Support ☐ Oppose ☐ Neither S	Support Nor Oppose		
D. 377. 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	to speak (3 min. limit)		
	ot wish to speak		
☐ Available to answer questions ☐ Available to answer questions ☐ Available	able 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		
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Date Signature			

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AGENDA ITEM NOSUI	BJECT/ADDRESS/TOPIC		
YOUR NAME Ledell Z	elle DATI	E 9/27/12	
YOUR ADDRESS 510	N Carroll 8		
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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		- C	
Are you being paid for your representation?		☐ Yes No	
Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? s, STOP. You need not complete the rest of	this form.	
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		Madra Poll Zarna		
	BJECT/ADDRESS/TOPIC <u>JO</u> I	WE INDORON ON LEONING		
YOUR NAME Lupe Montes	Tydrich DAT	E 9-27-12		
YOUR ADDRESS 108 N. Ham	icock			
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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Name, address and telephone number of ea	ich person or organization you are repr	esenting:		
Are you being paid for your representation?		☐ Yes 🌂 No		
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? s, STOP. You need not complete the rest o	of this form.		
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	orm except ☐ Yes X No		
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC	First Se	ttemo	ent Zoning
YOUR NAME Bert 517	:tt		-77-17	•
YOUR ADDRESS <b>20</b> 5.	Franklin S	57.	,	
Please check the appropriate boxes:				
☐ Support	Oppose	☐ Neithe	er Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. lin			(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak		not wish to	•
☐ Available to answer questions	☐ Available to answer ques	stions 🗖 Av	ailable to an	swer 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	SINO.
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organizations, STOP. You need not complete the	on? e rest of this form.	☐ Yes	D No
Are you an elected official or employee who for your municipality or other governmental that you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of	f this form excent	☐ Yes	Ū∕No
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	Signature Best St	att		

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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC			
YOUR NAME Alder Bridget Manice CI DATE				
YOUR ADDRESS 916 E C	Jorhan St Apt F			
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 a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answere	yourself:  Yes  No not "yes," go on to the next questions.)		
Name, address and telephone number of ea	ch person or organization you are represe	enting:		
Are you being paid for your representation?		Yes 🗆 No		
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization?  In STOP. You need not complete the rest of the	his form.		
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Date Det 17, 2012 Signature Dudyof Manuar				

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AGENDA ITEM NOSUBJECT/ADDRESS/TOPIC				
YOUR NAME E. EDWAND LINVILLE DATE SEPT 27, 2012				
YOUR ADDRESS 408. Bc				
Please check the appropriate boxes:	$\vee$			
<b>D</b> Support	□ Oppose □	Neither	Support N	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		ot wish to	ŕ
☐ Available to answer questions	☐ Available to answer questions			swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of ea	complete the rest of this form. If you answered	yourself: d "yes," go	☐ Yes	No
	ten person or organization you are represe	mung.		
Are you being paid for your representation?			☐ Yes	☐ No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the	is form.	☐ Yes	□ No
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AGENDA ITEM NO. #5 + "SUBJECT/ADDRESS/TOPIC DA 2 Build	ling Width	3
	irs. Se	
YOUR ADDRESS 3116 Wisconsin Ave. #1		1
Please check the appropriate boxes:		
Support Islems 5, 6, 8, 12 Oppose Islem 9	er Support	Nor Oppose
Wish to speak (3 min. limit) Wish to speak (3 min. limit)	ish to speak	(3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ D	o not wish to	speak
Available to answer questions Available to answer questions A	vailable to a	nswer questions
At this meeting are you representing an organization or a person other than yours	elf: 🗆 Yes	□ No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes, Name, address and telephone number of each person or organization you are representing:	" go on to the n	ext questions.)
, , , , , , , , , , , , , , , , , , ,		
Are you being paid for your representation?	☐ Yes	ĎKN₀
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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with	-	
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the remaining quarters of the care of t	period (calendar dendar year.	six months), the
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Date There Sept 27 Signature Franky Ora chitison		

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC ZONIO G.				
YOUR NAME Esther +	exold DATE	Sept 27/12		
YOUR ADDRESS $3100$	Hancock	<i>y</i> ,		
Please check the appropriate boxes:				
☐ Support	☐ Oppose ②	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 a (If you answered "no," STOP; you need not	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)		
Name, address and telephone number of e	ach person or organization you are repres	enting:		
Are you being paid for your representation?		☐ Yes ☐ No		
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the	his form.		
Are you an elected official or employee who for your municipality or other governmental language (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	Yes No		
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.</li> <li>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.</li> </ol>				
(Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date				

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

- 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.