AGENDA ITEM NO. 17 SUBJECT/ADDRESS/TOPIC HOLY REDEEMER
YOUR NAME Attorney Michael ahn storker DATE 4/22/13
YOUR ADDRESS = E. Withhen ST Washer
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 \(\sigma\) 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:
ST Papelace & Congregation
To Y & Marin
Are you being paid for your representation?
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.)
f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
. 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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)
Date 4(2=)13 Signature Just R. Chilop

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 17 SUBJECT/ADDRESS/TOPIC 120-142 W.	Johnsom	Street
YOUR NAME Ald, Mike Verveer DATE 4/	22/13	
YOUR ADDRESS 614 W. Daty street, #407		
Please check the appropriate boxes:		
Ճ Support □ Oppose □ Neither	Support N	or Oppose
Wish to speak (3 min. limit) Wish to speak (3 min. limit) Wish	n to speak (3	min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not	ot wish to s	peak
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	lable to ans	wer questions
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4 - Hinding District		
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Date 4/22/13 Signature		

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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPICSE. RA	chaelis Congregation
YOUR NAME KOSEMARY	LEE DATE	E 4-22-13
YOUR ADDRESS /// W//SOK	(#108 53703	
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 Name, address and telephone number of ea	complete the rest of this form. If you answe	ered "yes," go on to the next questions.)
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	☐ Yes ☐ No fthis form.
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC Holy F	Redeemar	
YOUR NAME Terri Hix	DATE _	4/22/17	3
YOUR ADDRESS 4772 Deep	wood Ct Hillard, OH	•	
Please check the appropriate boxes:			
□ Support	Ճ Oppose □	Neither Sup	pport 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 w	vish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availabl	e to answer questions
(If you answered "no," STOP; you need not	on organization or a person other than yecomplete the rest of this form. If you answered ach person or organization you are represent	l "yes," go on i	Yes No to the next questions.)
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 thi		Yes 🗖 No
for your municipality or other governmental tagget (If you answered "yes" to the question, STO)	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form of the next question, go on to the next question.	except	Yes 🗖 No
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Date 4/22/13	Signature Jew Hx		· ·

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AGENDA ITEM NO. 77 SU	BJECT/ADDRESS/TOPIC 1	40 10	10-KM SOM
1 1	1110 HS	1/6	1 45
YOUR NAME TICE!	DAI	E-4/22(05
YOUR ADDRESS & CA WOL	ECOWSON TIVE	J	
Please check the appropriate boxes:	,		
□ Support	Oppose	☐ Neither Suppor	rt Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to spea	ak <i>(3 min. limit)</i>
☐ 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 of	n organization or a person other the complete the rest of this form. If you answ	nan yourself: 🗖 Yes vered "yes," go on to th	s
Name, address and telephone number of ea	ch 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 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	☐ Yes of this form.	No .
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	ody? • You need not complete the rest of this f	Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advise	ed that:
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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m.-or-shortly thereafter)

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AGENDA ITEM NO. 17 SU	BJECT/ADDRESS/TOPIC 29432	/CSM - 120 - 142 W. U
YOUR NAME Gal Ge	DATE_	4-22-13
YOUR ADDRESS 1120	Chandler St; M	adison, 53715
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 Name, address and telephone number of each	complete the rest of this form. If you answere	d "yes," go on to the next questions.)
	A	
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	☐ Yes 【No nis form.
Are you an elected official or employee who for your municipality or other governmental (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 except
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised that:
Your principal is not permitted to authorIf your principal spends or will owe more	yist, you or your principal must file an author ize you to lobby unless the principal is registed than \$1,000 for lobbying services in any reposit the City Clerk for the remaining quarters of	ered with the City Clerk. Foorting period (calendar six months), the
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Date 4/22/13	Signature Sail Seib	<u>.</u>

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AGENDA ITEM NO/ T SU	BJECT/ADDRESS/TOPIC 294	32/CSM-1	20-142 W.
YOUR NAME Richard	Boromo DAT		Jehnson
YOUR ADDRESS 833 0	ane St., Madison	53713	
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 speal	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish t	o speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	enswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you answ	vered "yes," go on to the	□ No next questions.)
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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? as, STOP. You need not complete the rest of	☐ Yes of this form.	⊠ No
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PLAN COMMISSION REGISTRATION FORM AGENDA ITEM NO YOUR NAME DATE YOUR ADDRESS Please check the appropriate boxes: ☐ Support **X**Qppose ☐ 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: ☐ 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 br organifation you are fepresenting: Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? Yes (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 (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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the 3. principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.

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(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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Signature

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Holy Redoemen
AGENDA ITEM NO. 17 SUBJECT/ADDRESS/TOPIC St. Raphaels
YOUR NAME MARK LANGERATE DATE 4/22/13
YOUR ADDRESS 5964 Executive Orme
Please check the appropriate boxes:
Support
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 each person or organization you are representing: St. RAPHAELS PARISH EAST MAIN STREET MALSON, WD
Are you being paid for your representation?
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.)
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YOUR NAME	AGENDA ITEM NO. 17 SUBJECT/ADDRESS/TO	PIC Holy Redeemer (5/1)
Please check the appropriate boxes: Support	YOUR NAME Kevin Page	DATE 4/22//3
Wish to speak (3 min. limit) Do not wish to speak Available to answer questions Available to	YOUR ADDRESS 1023 Williamson S	54. #2
Wish to speak (3 min. limit) Do not wish to speak 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: Hat Frequency The Cathelra Parish (St. Raphaels Complete the rest of this form. If you answered "yes," please continue.) Are you appearing as part of your other paid duties for this person or organization? 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.) 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.)	Please check the appropriate boxes:	
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Date 4/22/13 Signature	(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/inde</u> County Building, Madison, for more information.)	ex.html or go to the Clerk's Office at Room 103 of the City-
	Date 4/22/13 Signature	

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

Applicants or their agents are requested to register appear and explain their proposal. Applicants are also are

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AGENDA ITEM NO. 17 SUBJE	ECT/ADDRESS/TOPIC <u>」と</u>	. Raphel	's Con	gregatica
YOUR NAME John Kothe	<i>e</i> DA	TE <u>4/22</u>		
YOUR ADDRESS 8 Fuller C	Ct.			
Please check the appropriate boxes:				
Žl-Support □ (Oppose	☐ Neither S	Support N	or 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 no	ot wish to	speak
Available to answer questions	Available to answer question	s 🛚 Avail	able to ans	swer questions
At this meeting are you representing an o (If you answered "no," STOP; you need not com				☐ No xt questions.)
Name, address and telephone number of each				
Cathederal Parrish				
Are you being paid for your representation?		*	🛚 Yes	□ No
Are you appearing as part of your other paid dution (If you answered "no" to both these questions, St. If you answered "yes," please continue.)		t of this form.	☐ Yes	Ø No
Are you an elected official or employee who is ap for your municipality or other governmental body (If you answered "yes" to the question, STOP. You that you must sign this form. If you answered "no	y? You need not complete the rest of this	form except	☐ Yes	№ No
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.				
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(Please go to the City Clerk's website <u>www.cityoj</u> County Building, Madison, for more information.	ofmadison.com/clerk/index.html or go)	o to the Clerk's O	ffice at Roor	n 103 of the City-
Date 4/22/13 Sign	nature D. 1/10	15		

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• • • • • • • • • • • • • • • • • • •	BJECT/ADDRESS/TOPIC 120	-142 W. John	son
YOUR NAME Franny 1	ngebritson DAT	E 129-139 W	1. Borham
YOUR ADDRESS 616 Wis	Consin Ave-#1	April 22, a	2013
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 a	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	ered "yes," go on to the n	No next questions.)
Name, address and telephone number of ea	nch 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 (If you answered "no" to both these question. If you answered "yes," please continue.)		☐ Yes f this form.	□ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	☐ Yes rm except	□ No
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(Please go to the City Clerk's website www.c. County Building, Madison, for more informat	ityofmadison.com/clerk/index.html or go to	Ž	om 103 of the City-
Date April 22, 2013	Signature <u>Janny Ing</u>	Elsitson	

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^	BJECT/ADDRESS/TOPIC 1/0	ly Ked	eme	<i>Y</i>
YOUR NAME DAVIO LI	N/C DAT	E 4/22/1	<u>3</u>	**************************************
YOUR ADDRESS 3/29 Lin	obersh St madi	501		
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither Su	ipport No	or 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 s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Availal	ole to ans	wer questions
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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.)			☐ Yes	□ No
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