

DANE COUNTY ZONING & LAND REGULATION COMMITTEE

REMOTE MEETING APPLICANT REGISTRATION FORM

Applicants for a rezoning petition must fill out this form prior to participating in a remote meeting of the zoning committee.

IMPORTANT: please download and save this form and then fill out using Adobe Reader. You may also print out the form and fill it in by hand.

Please submit completed forms by email at your earliest convenience. Attach your completed form to an email and send to: lane.roger@countyofdane.com.

DATE of Meeting: 12/14/21

Your Name: Barret V. Van Sicklen

Your Mailing Address: 2 E. Mifflin Street #600

Madison, WI 53703

Your Phone #: 608-252-9386

Zoning Petition/CUP#: 02535

Your Email Address: bvv@dewittllp.com

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

Wish to Speak in Support

I Understand and Accept the Recommended Conditions

Wish to Register in Support

I Do Not Understand and/or Accept the Recommended Conditions

Available for Information

Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.

NOTE: THIS MEETING REGISTRATION FORM IS ONLY FOR APPLICANTS OR THEIR AGENTS!

This registration form may be used by the ZLR Committee to assist in determining if your proposal is eligible for inclusion on a consent agenda. Multiple zoning petitions on a consent agenda may be recommended for approval through a single motion of the committee, thus expediting the meeting.

To be eligible for inclusion on a consent agenda, there must be:

1. **No public opposition to the proposal;**
2. **No unresolved questions/issues by committee members or staff;**
3. **Town action has been received and no concerns noted by the town in their approval;**
4. **Applicant acknowledgment and acceptance of any recommended conditions**

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DATE of Meeting: Dec 14, 2021

Your Name: Dustin Maher

Your Mailing Address: 7537 Fallen Oak Dr

Verona, WI 53593

Your Phone #: 608 772 6651

Zoning Petition/CUP#: 02537

Your Email Address: dustinmaherfitness@gmail.com

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

- | | |
|------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wish to Speak in Support | <input checked="" type="checkbox"/> I Understand and Accept the Recommended Conditions |
| <input type="checkbox"/> Wish to Register in Support | <input type="checkbox"/> I Do Not Understand and/or Accept the Recommended Conditions |
| <input type="checkbox"/> Available for Information | |

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Spoke with Roger today and I accept the conditions and don't plan on being on this committee meeting.
Thanks for all of your hard work on this matter. It's been a tough process for me and my family! Glad it's coming to an end.

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Your Mailing Address:

Your Phone #:

Zoning Petition/CUP#:

Your Email Address:

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DATE of Meeting: 12/14/21

Your Name: Stephen Kuhn

Your Mailing Address: 3700 N Hermitage

Chicago, IL, 60613

Your Phone #: 630.234.2512

Zoning Petition/CUP#: 2542

Your Email Address: Mrsbeansllc@yahoo.com

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

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DATE of Meeting: 12/16/20

Your Name: Nicolaas Mink

Your Mailing Address: 6130 Old Middleton Road

Madison Wi

Your Phone #: 8154090979

Zoning Petition/CUP#: 2544

Your Email Address: nicmink@gmail.com

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

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I am the manager of the Paoli Cheese Factory Association property and intend to speak in favor.

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DATE of Meeting: 12/14/21

Your Name: Crystal Follendorf

Your Mailing Address: 6648 Old 113 Road

Dane WI 53529

Your Phone #: 608-712-4869

Zoning Petition/CUP#: File #2021-ACT328

Your Email Address: cfollen@tds.net

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

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