

6-14-22 ZLR Work Meeting Zoom Registration Report

Attendee Details

First Name	Last Name	City	Which petition number or agenda item are you registering for?	Do you support or oppose the agenda item?	Do you want to speak?
Peter	Wood	Black Earth	11780	Oppose	Yes, I want to speak.
Jackie	Kaul	MADISON	all	Neither	No, I do not want to speak.
Nathan	Lockwood	Madison	11824	Support	I do not want to speak but I am available for questions.
Tom	Mathies	Town of Verona	11824	Support	I do not want to speak but I am available for questions.
Jim	Schumacher	Verona	11824	Support	I do not want to speak but I am available for questions.
Garret	Handel	Wautoma	11780	Support	I do not want to speak but I am available for questions.
Kayla	Schremp	Edgerton	11835	Support	I do not want to speak but I am available for questions.

**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.

**DATE of Meeting:** 06/14/2022

**Your Name:** Mary & Garret Handel

**Your Mailing Address:** [REDACTED]

Wautoma, WI 54982

**Your Phone #:** [REDACTED]

**Zoning Petition/CUP#:** 11780

**Your Email Address:** [REDACTED]

**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:** 6/14/22

**Your Name:** Nathan Lockwood

**Your Mailing Address:**

Madison WI 53717

**Your Phone #:**

**Zoning Petition/CUP#:** 11824

**Your Email Address:**

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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

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I am the petitioners consultant and am available for questions. I support the rezone

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**DATE of Meeting:** 6/14/22

**Your Name:** Jim Schumacher

**Your Mailing Address:** [REDACTED]

Verona WI 53593

**Your Phone #:** [REDACTED]

**Zoning Petition/CUP#:** 11824

**Your Email Address:** [REDACTED]

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- 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
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Epic Owner Representative in favor of rezone

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**DATE of Meeting:** 6/14/22

**Your Name:** Duane Huibregtse

**Your Mailing Address:** [REDACTED]

Oregon WI 53575

**Your Phone #:** [REDACTED]

**Zoning Petition/CUP#:** 11831

**Your Email Address:** [REDACTED]

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**DATE of Meeting:** 6/14/22

**Your Name:** Kayla and Nick Schremp

**Your Mailing Address:**

Edgerton, WI 53534

**Your Phone #:**

**Zoning Petition/CUP#:** 11835

**Your Email Address:**

**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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Wish to Register in Support

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