REMOTE MEETING APPLICANT REGISTRATION FORM

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

DATE of Meeting: 10/26/20	Your Name: John P. Liegler
100100	Your Mailing Address: 12.52 (15 Huy 14
	(Oregon W153575
00534 4 11746	Your Phone #: 608 33.59393
Zoning Petition/CUP#:	Your Email Address: JPZ93a acl.
사실 것 같은 것 같은 것은 것 같은 것 같은 것 같은 것 같은 것 같은	w to indicate your interest in addressing the ZLR Committee and, if n 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	
D1	

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.

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DATE of Meeting: 10/26/21	Your Name: Damion & Emily Babler
	Your Mailing Address: 212 Warren St.
	Albany, WI 53502
	Your Phone #: (608)862-3306
Zoning Petition/CUP#: 11747	Your Email Address: outadabox2be@yahoo.com
	licate your interest in addressing the ZLR Committee and, if r 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	

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DATE of Meeting: 10/26/21	Your Name: Robert Talarczyk Your Mailing Address: 517 2nd Ave.
Zoning Petition/CUP#: 11749 矣 11	New Glarus, WI 53574 Your Phone #: (608) 527 - 5216 Your Email Address: bobe talarczyksurveys.com
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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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DATE of Meeting: 10/26/21	Your Name: Garrison Bollig
	Your Mailing Address: 83 South Gardens Way
	Fitchburg, WI 53711
	Your Phone #: 608-354-4661
Zoning Petition/CUP#: 11748	Your Email Address: gbollig@vortexoptics.com
	licate your interest in addressing the ZLR Committee and, if r 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	
Diagon use the space below to mayide a brief sum	monte of one comments concerns on chaonyotions you would like

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DATE of Meeting: 10/26/21	Your Name: Robert Talarczyk
	Your Mailing Address: 517 2nd Ave.
	New Glarus, WI53574
	Your Phone #: (608) 527 - 5216
Zoning Petition/CUP#: 1/749 & 11747	Z Your Email Address: bobe talarczyksurveys.com
	icate your interest in addressing the ZLR Committee and, if staff recommended conditions of approval on the proposal.
Wish to Speak in Support	Understand and Accept the Recommended Conditions
Wish to Register in Support	Do Not Understand and/or Accept the Recommended Conditions
Available for Information	

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DATE of Meeting: 10/26/21	Your Name: Ryan Quam of Quam Engineering, LLC
	Your Mailing Address: 4604 Siggelkow Road, Suite A
	McFarland, WI 53558
	Your Phone #: (608)838-7750
Zoning Petition/CUP#: 11750	Your Email Address: rquam@quamengineering.com
	ndicate your interest in addressing the ZLR Committee and, if 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
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DATE of Meeting: 10/26/2021	Your Name: Bradley and Kelsey Taylor
	Your Mailing Address: 9664 Lee Valley Rd
	Blanchardville, WI 53516
	Your Phone #: 608-480-0366
Zoning Petition/CUP#: 11751	Your Email Address: rtelite2017@gmail.com
	icate your interest in addressing the ZLR Committee and, if 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	Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Place use the space below to provide a brief over	nome of any comments, concerns, on charactions you would like

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DATE of Meeting: 10/26/21	Your Name: Robert Williamson
	Your Mailing Address: 5898 Woods Edge Road
	Fitchburg, WI 53711
	Your Phone #: 608-770-9162
Zoning Petition/CUP#: 11752	Your Email Address: robertwillie13@yahoo.com
	dicate your interest in addressing the ZLR Committee and, if r 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	
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DATE of Meeting: 10/26/21	Your Name: Ray Grob
	Your Mailing Address: 4244 S Missouri Lane
	Marshall, WI 53559
	Your Phone #: 608-345-9630
Zoning Petition/CUP#: 11753	Your Email Address:
** *	to indicate your interest in addressing the ZLR Committee and, if nd/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	
Diago uso the space below to provide a brief	Summery of any comments, concerns, or observations you would like

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DATE of Meeting: 10/26/21	Your Name: Noa Prieve - Williamson Surveying
	Your Mailing Address: 104 A west Main Street
	Waunakee, WI 53597
	Your Phone #: 608-255-5705
Zoning Petition/CUP#: 11754	Your Email Address: noa@williamsonsurveying.cor
	cate your interest in addressing the ZLR Committee and, if 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	Do Not Understand and/or Accept the Recommended Conditions
Available for Information	

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DATE of Meeting: 10/26/21	Your Name: Norm and Sue Peck
	Your Mailing Address: 579 Riverview Dr
	Marshall, WI
	Your Phone #: 608-669-0398
Zoning Petition/CUP#: 11756	Your Email Address: snpeck@outlook.com
	o indicate your interest in addressing the ZLR Committee and, if nd/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
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DATE of Meeting: 10/26/20	Your Name: Mark Farrell	
	Your Mailing Address: 8712 Bluff Valley Road	
	Cross Plains WI 53528	
	Your Phone #: 608-575-4246	
Zoning Petition/CUP#: 11757	Your Email Address: mark.farrell@chsinc.com	
Please check all appropriate boxes below to applicable, your acceptance of any town and	o indicate your interest in addressing the ZLR Committee and, if d/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 s to share with the ZLR Committee regarding th	ummary of any comments, concerns, or observations you would like e proposal.	
	illiamson Surveying, and he said we will be able to work around the	

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DATE of Meeting: 10/26/20	Your Name: Mark Farrell	
	Your Mailing Address: 8712 Bluff Valley Road	
	Cross Plains WI 53528	
	Your Phone #: 608-575-4246	
Zoning Petition/CUP#: 11758	Your Email Address: mark.farrell@chsinc.com	
Wish to Speak in Support	d/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	
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DATE of Meeting: 10 24 202	Your Name: Jim Welsh
	Your Mailing Address: Groundswell Conservancy
	303 S. Paterson Street, #6 Madison
	Your Phone #: 6082589797
Zoning Petition/CUP#: 11759	Your Email Address: jim@groundswellwisconsin.or
	low to indicate your interest in addressing the ZLR Committee and, if wn 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
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DATE of Meeting: 10/26/21	Your Name: Daniel Mowry
	Your Mailing Address: 2301 Lake Woods Way
	Stoughton, WI 53589
	Your Phone #: 608-719-2951
Zoning Petition/CUP#: 11760	Your Email Address: mowrydr@yahoo.com
	dicate your interest in addressing the ZLR Committee and, if 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
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DATE of Meeting:	Your Name: Donald Viney
	Your Mailing Address: 2093 US Hwy 12-18
	Cottage Grove, WI 53527
	Your Phone #: 608-628-4653
Zoning Petition/CUP#: 11761	Your Email Address: Viney. manilyn@gmail.com
NG : A 이 가는 것 같은 것 같은 것 같아요. 이 가 바람이 가 바람이 있는 것 같이 있는 것	o indicate your interest in addressing the ZLR Committee and, if d/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
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DATE of Meeting: 10/26/21	Your Name: Chase Horne
	Your Mailing Address: 2 East Mifflin Street Suite 600
	Madison, WI 53703
	Your Phone #: 608-283-5616
Zoning Petition/CUP#: CUP 2533	Your Email Address: cah@dewittllp.com
	ndicate your interest in addressing the ZLR Committee and, if /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.

I am one of the attorneys representing the applicant with respect to the CUP. I will provide comments and observations consistent with Attorney Van Sicklen's letter submitted on Monday, October 18, 2021 and answer any questions with the respect to the same.

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

REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee. 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: 10/26/21	Your Name: Ashley Leonard
	Your Mailing Address: 933 S Holt Cr
	Madison, WI 53719
	Your Phone #: 608-772-9706
Zoning Petition/CUP#:CUP2533	Your Email Address: Littleleonards@yahoo.com
Please check the appropriate box(es) Vish to Speak in Support	below to indicate your position on the proposal.
Wish to Register in Support	Wish to Register in Opposition
	Available for Information
Please use the space below to provide a brie proposal.	f summary of your comments and/or concerns regarding the

I wish to speak in favor of the applicant for CUP 2533. I am a household member, a parent, and a teacher at Bright Beginnings Day School. I have been with BBDS for over eight years now. In that time I have had three children who all have been a part of the program, we have been a household member for almost 7.5 years, and I have been an assistant teacher, lead teacher, meet and give tours to new potential families, as well as working on some different administrative things with Sarah. I feel as though I have quite a few different perspectives to offer regarding why Bbds is a valuable asset to the community, as we offer quality childcare while also giving the kiddos that home away from home feel during those first five years of their lives before they are in an institutional setting for the next 13+ years of their lives. Given BBDS's record with licensing, high accreditation standards, young star rating and support from current neighbors at other locations the applicant is well deserving of the approval for the CUP.

REMOTE MEETING PUBLIC REGISTRATION FORM

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

DATE of Meeting: 10/26/21	Your Name: Erin Rome	
	Your Mailing Address: 3208 Country Grove Drive	
	Madison, WI 53719	
	Your Phone #: 262-565-8709	
Zoning Petition/CUP#: CUP 2533	Your Email Address: vermillion.erin@gmail.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief su proposal.	immary of your comments and/or concerns regarding the	

I wish to speak in favor of the applicant's CUP application. I am a parent of a child who attends Bright Beginnings Day School. I am also a local attorney. I have experienced first-hand the difficulties of finding high-quality childcare in the West Madison area. When I was pregnant with my oldest son, I registered on at least five wait-lists starting when I was 12 weeks pregnant. Only after registering that early and at that many places did I obtain a daycare spot, and even then it was only when my son was 5 months old. This problem has been compounded by the Covid-19 pandemic. Many daycares have closed or significantly limited their enrollment, leaving families of young children struggling to find care. Bright Beginnings Day School fills a crucial void in West Madison and is well deserving of the CUP it seeks.

REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting:	Your Name: Alisha Valentine	
	Your Mailing Address: 2407 Che sapeake Dr	
	Fitchburg, WI53719	
	Your Phone #: 920 - 362 - 5057	
Zoning Petition/CUP#: CUP#2533	Your Email Address: alisha.s. harris@guail.com	
Please check the appropriate box(es) below	w to indicate your position on the proposal.	
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	
I wish to Speak in Favor I am a lead teacher at I wish to discuss our per Childhood education to the M Values quality education for absolutely value high-quality children. There have also be high-quality early childhood high-quality early childhood	one Bright Beginnings boations. One Bright Beginnings boations. ussion for offering quality, early hiddleton community. Middleton School age Children and you should ty educational care for our youngest cen many studies done to prove d education has impacted the ety positive fashion.	

REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting:	Your Name: Brendan Checkett	
	Your Mailing Address: 7116 Applewood Drive	
	Madison, WI 53719	
	Your Phone #: 417-388-2966	
Zoning Petition/CUP#: ⁰²⁵³³	Your Email Address: b.checkett@gmail.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Avail	able for Information	
Please use the space below to provide a brief sum proposal.	nmary of your comments and/or concerns regarding the	
the bottom of a long hill on a blind curve right be Cars build up speed coming down the hill, and du the road. We are worried about the increased safe which are right up to the street since there is no s	orhood changes the character of this small community her twice a year. The Bright Beginnings is clearly of Dane County. They were not designed for a	

REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: 10/26/21	Your Name: Mallory Checkett	
	Your Mailing Address: 7116 Applewood Drive	
	Madison, WI 53719	
	Your Phone #: 417-793-2203	
Zoning Petition/CUP#:02533	Your Email Address: malcheckett@gmail.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief sum proposal.	nmary of your comments and/or concerns regarding the	
long blind curve going up the hill at the entrance	and house upon entering the neighborhood. There is a e of my neighborhood and the four houses along the dewalk, no street lights, and often drivers who do not eed limit.	

REMOTE MEETING PUBLIC REGISTRATION FORM

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ATE of Meeting:	Your Name: Naheed and Peter Finch
	Your Mailing Address: 7043 Applewood Drive
	MADISON. 53719
	Your Phone #: 608-567-8022
Coning Petition/CUP#: 02533	Your Email Address: naheedfinch@icloud.com
Please check the appropriate box(es) be	elow to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
	vailable for Information
Please use the space below to provide a brief s proposal.	summary of your comments and/or concerns regarding the
Please refer to the separate email we had sent	earlier. Thank you.

REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: 10/26/21	Your Name: John & Stacy Graham	
	Your Mailing Address: 7022 Applewood Dr	
	Your Phone #: 608-217-2012	
Zoning Petition/CUP#: 02533	Your Email Address: johndgraham@mac.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	
stop them from buying more in the neighborhoo	her LLC. They own several houses already, what's to od. This business is doesn't meet the true sense of a osed neighborhood with no street lights, no sidewalk and ecipe for disaster.	

REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: 10/26/21	Your Name: Sue Gulbrand	
	Your Mailing Address: 7053 Applewood Drive	
	Madison, WI 53719	
	Your Phone #:	
Zoning Petition/CUP#: 2533	Your Email Address: sueg@family-works.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	

REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: 10/26/21	Your Name: Anna Jordan	
	Your Mailing Address: 7095 Applewood Dr	
	Madison, WI 53719	
	Your Phone #: 608-828-9622	
Zoning Petition/CUP#: 02533	Your Email Address: acjordan124@gmail.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief sum proposal.	nmary of your comments and/or concerns regarding the	

REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: 10/26/21	Your Name: Elizabeth Jordan	
	Your Mailing Address: 7095 Applewood Dr	
	Madison, WI 53719	
	Your Phone #: 608-828-9622	
Zoning Petition/CUP#: 02533	Your Email Address: ecjordan122@gmail.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Avail	lable for Information	
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	

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TE of Meeting: 10/26/21	Your Name: Sarah Jordan	
	Your Mailing Address: 7095 Applewoood Dr	
	Madison, WI 53719	
	Your Phone #: 608-516-7361	
ning Petition/CUP#:02533	Your Email Address: sjordan828@yahoo.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	$\checkmark Wish to Register in Opposition$	
Available for Information		
Please use the space below to provide a brie proposal.	ef summary of your comments and/or concerns regarding the	
This is a commercial business attempting to		
1 0	o evade zoning regulations by thinly disguising itself as a y the house. Do zoning regulations in Dane County mean	
home business. The owner does not occupy anything? Additionally, the increase in traffic poses a my property. It's my understanding that the		

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DATE of Meeting:	Your Name: Craig Jordan	
	Your Mailing Address: 7095 Applewood Dr	
	Madison, WI 53719	
	Your Phone #: 608-516-4415	
Zoning Petition/CUP#:02533	Your Email Address: cjordan14@yahoo.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		

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DATE of Meeting:	Your Name: Jim Schwetz	
	Your Mailing Address: 7047 Applewood Dr	
	Madison, WI 53719	
	Your Phone #: 608-515-6666	
Zoning Petition/CUP#:02533	Your Email Address: jim54729@gmail.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		
This is a tight small community, where everyone knows everyone, and no place for a so called day care. I vote to now allow this operation to excist at our home.		

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ress: 7061 Applewood Drive Madison, WI 53719 -695-6017 ss: Butchbrun@gmail.com tion on the proposal. Wish to Speak in Opposition
Madison, WI 53719 -695-6017 ss: Butchbrun@gmail.com tion on the proposal. Wish to Speak in Opposition
tion on the proposal. Wish to Speak in Opposition
tion on the proposal. Wish to Speak in Opposition
Wish to Speak in Opposition
Wigh to Pagister in Opposition
Wish to Register in Opposition
ts and/or concerns regarding the
dential neighborhood. The ng business will -
ewood Hill neighborhood, and
idents in Applewood Hill.
of the Applewood Hill.

DANE COUNTY ZONING &	& LAND REGULATION COMMITTEE
REMOTE MEETING I	PUBLIC REGISTRATION FORM
ers of the public must fill out this form prior to participating i RTANT: please download and save this form and then fill or	in a remote meeting of the zoning committee. ut using Adobe Reader. You may also print out the form and fill it in by
submit completed forms by email at your earliest convenienc oger@countyofdane.com.	e. Attach your completed form to an email and send to:
ATE of Meeting: 10/26/21	Your Name: Tamara Dudiak
10/20/21	Your Mailing Address: 7029 Apple wood Dr.
	Madison, WI 53719
and the second	Your Phone #: 608-239-0282
Coning Petition/CUP#: 02533	Your Email Address: tamara. dudick@gmail
Please check the appropriate box(es) below	to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
Availa	able for Information
	mary of your comments and/or concerns regarding the
they bello,	that the physical wood does not support
My marin concern is	that the physical
it is the of Apple	wood does not support
	179
the needs of a busin	
Thank you!	
Fano	
and the second se	

REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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.

DATE of Meeting: October 26, 2021	Your Name: Rick Gulbrand	
	Your Mailing Address: 7053 Applewood Drive	
	Madison, WI	
	Your Phone #: 608-807-7550	
Zoning Petition/CUP#:02533	Your Email Address: rgulbrand@family-works.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Avai	lable for Information	
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	
opposition to the operation of Brighter Beginnir this business. 100% of the homeowners that live day school. Applewood is zoned SFR-08 and is	located in the Town of Middleton. I want to speak in ngs Day School and the possible issuing of a CUP for e in Applewood Hill are opposed to the operation of this strictly intended for single family residences. The od is disruptive, not in character with the neighborhood	
L		

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DATE of Meeting:	Your Name: Laura Houlihan	
	Your Mailing Address: 6948 Applewood Dr.	
	Madison, WI 53719	
	Your Phone #: (608) 609-9149	
Zoning Petition/CUP#: CUP# 02533	Your Email Address: laura.anne.houlihan@gmail.co	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	$\checkmark Wish to Speak in Opposition$	
Wish to Register in Support	$\checkmark Wish to Register in Opposition$	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		
safety, comfort and welfare. Operating a branch homeowner, or the owner of the business sets a 11Eleven LLC is treating the Applewood Hill n	rom 7069 has already been detrimental to neighborhood h of a business, in a home not occupied by the dangerouse precident for residential neighborhoods. neighborhood as a business park for their latest facility. hat clearly cannot meet the standards established for a	

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DATE of Meeting:	Your Name: Kevin Houlihan	
	Your Mailing Address: 6948 Applewood Dr.	
	Madison, WI 53719	
	Your Phone #: 608.445.0789	
Zoning Petition/CUP#:CUP# 02533	Your Email Address: houlihan.kevin@gmail.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	$\checkmark Wish to Speak in Opposition$	
Wish to Register in Support	$\checkmark Wish to Register in Opposition$	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		
11Eleven LLC has the burden of proof to demonstrate that the conditional use they are applying for meets each of the eight standards established by Dane County before a CUP may be issued. Standard 1 states that the proposed land use will not be detrimental to or endanger the neighborhood health, safety, comfort, or general welfare. 11Eleven LLC has not proven that it meets this standard and has in fact provided false information in support of its effort thus far in the permit review process.		
The Day School that is currently operating is in violation of the neighborhood covenants and restrictions, and in violation of the neighborhood water utility agreement. 100% of the neighbors have signed a petition in opposition of the CUP.		
As 11Eleven LLC has not provided proof that the deny the permit.	ney can meet standard #1, the Board has no choice but to	

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DATE of Meeting: 10/26/21	Your Name: Kevin Trost	
	Your Mailing Address: 30 W. Mifflin St. Suite 1001	
	Madison, WI 53703	
	Your Phone #: 608-234-8054	
Zoning Petition/CUP#:02533	Your Email Address: ktrost@trostllc.com	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Available for Information		
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	
Inc. My comments at the meeting will focus on association, water utility, and Bright Beginnings	Association, Inc., and Applewood Hill Water Utility, the pending legal action between the neighborhood s. The lawsuit seeks a declaratory ruling on the effect of enants, and water utility agreement on the business that d Hill neighborhood.	

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. <u>Attach your completed form to an email and send to:</u> lane.roger@countyofdane.com.

DATE of Meeting: 10/26/20	Your Name: John P. Liegler
100100	Your Mailing Address: 12.52 (15 Huy 14
	(Oregon W153575
00534 4 11746	Your Phone #: 608 33.59393
Zoning Petition/CUP#:	Your Email Address: JPZ93a acl.
사람은 이 맛집에 가지 않는 것 같아요. 이 가 좀 가지 않는 것 같아. 정말 생각하지 않는 것이 같아.	w to indicate your interest in addressing the ZLR Committee and, if n 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	
D1	

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.

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- 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

REMOTE MEETING APPLICANT REGISTRATION FORM

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

DATE of Meeting: 10/26/21	Your Name: Chase Horne
	Your Mailing Address: 2 East Mifflin Street Suite 600
	Madison, WI 53703
	Your Phone #: 608-283-5616
Zoning Petition/CUP#: CUP 2535	Your Email Address: cah@dewittllp.com
	licate your interest in addressing the ZLR Committee and, if r 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.

I am one of the attorneys representing the applicant with respect to the CUP. I will provide comments and observations consistent with the CUP application on file along with how Wis. Stat. § 66.1017 impacts the application process.

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- 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

REMOTE MEETING APPLICANT REGISTRATION FORM

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

DATE of Meeting: 10/26/21	Your Name: Aaron Dumas
	Your Mailing Address: Pines Bach LLP, 122 W. Washingto
	Madison, WI 53703
	Your Phone #: 608-251-0101
Zoning Petition/CUP#: CUP 2536	Your Email Address: adumas@pinesbach.com
	v to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
✔ Wish to Speak in Support	I Understand and Accept the Recommended Conditions
V Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	
Plance use the space below to provide a bri	of summary of any comments, concerns, or charmations you would like

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.

8		
Please see attached comments.		

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- 3. Town action has been received and no concerns noted by the town in their approval;
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Please submit completed forms by email at your earliest convenience. <u>Attach your completed form to an email and send to:</u> <u>lane.roger@countyofdane.com</u>.

DATE of Meeting: 10/26/21	Your Name: Gerard Xavier
	Your Mailing Address: 2116 Peaceful Valley Parkway
	Waunakee, WI 53597
	Your Phone #: 608-658-5097
Zoning Petition/CUP#: CUP 2536	Your Email Address: gvxavier@charter.net
	dicate your interest in addressing the ZLR Committee and, if r 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 sum	mary of any comments, concerns, or observations you would like

to share with the ZLR Committee regarding the proposal.

 Please see comments of my attorney, Aaron Dumas, Pines Bach LLP.

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- 4. Applicant acknowledgment and acceptance of any recommended conditions

REMOTE MEETING PUBLIC REGISTRATION FORM

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

DATE of Meeting: 10/26/21	Your Name: DANIEL PALTZ
	Your Mailing Address: 3022 WAUBESA AVE
	MADISON, WI 53711
	Your Phone #: 6087129963
Zoning Petition/CUP#: 2536	Your Email Address: DPALTZ@SBCGLOBAL.NE
Please check the appropriate box(es) belo	w to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
🖌 Avai	lable for Information
Please use the space below to provide a brief surproposal.	mmary of your comments and/or concerns regarding the
At the current time I am not for or against this. opinion.	I would like to hear the speakers and then voice my

Dear Board Members:

This letter is submitted on behalf of Gerard Xavier, who is grateful for the staff's recommendation of approval of this CUP and respectfully requests that this Committee recommend approval as well.

Mr. Xavier has satisfied the criteria for a CUP, for the reasons explained in his application, and we are happy to answer any further questions from the Committee at this hearing. However, we seek to comment on the staff recommendation that the application be approved with 8 conditions imposed by the Town of Dunn.

We understand these conditions mirror the Town's current short-term rental ordinance, passed by this Board on May 17, 2021. This ordinance represents the first time the Town has attempted to regulate short-term rentals, and Board members at the time said the ordinance may be revisited as time passed and the Town's ordinance was tested in practice.

Because the Town's ordinance is so new and may change in the future, we request that these conditions be replaced with a condition providing, "[t]he operator shall comply with the current version of the Town of Dunn's short-term rental ordinance." That way, if the ordinance changes, Mr. Xavier will not need to seek a corresponding modification of his CUP from the County.

There is good reason for the ordinance to change, in particular, the 7-day minimum rental period and 180-day maximum rental days, and we hope the Town considers such changes in the future. Mr. Xavier's bookings have completely dried up with the required seven-day minimum stay. Prior to the Town's ordinance and the limited period of grandfathering it allowed, Mr. Xavier's property was primarily used on the weekends or for families in town for events of far less than seven days. This is particularly true for the fall, winter, and spring seasons.

If the seven-day minimum stay remains in the Town's ordinance (and in the CUP subject to which Mr. Xavier operates), Mr. Xavier's short-term rental will no longer be economically sustainable. Mr. Xavier anticipates similar difficulties with the 180-day maximum rental period. *See Calvey v. Town Bd. of N. Elba*, No. 820CV711TJMCFH, 2021 WL 1146283, at *9 (N.D.N.Y. Mar. 25, 2021) (denying motion to dismiss short-term rental ordinance with 90-day limit based on substantive due process claim).

We doubt the Town's objective in passing the short-term rental ordinance was to put operators out of business, particularly those like Mr. Xavier, who is a responsible property-owner who draws no neighbor complaints. We are happy to work with policymakers on ways that both municipalities and operators can achieve their objectives.

We are also confident that Committee staff did not have the same objective, or that they wish to needlessly calcify CUPs such that operators such as Mr. Xavier must come back to the County to ask for a modification simply in order to keep up with changes to town ordinances. That would be a poor use of precious County resources, as well as a needless burden on operators.

Therefore, we request that the Committee recommend approval of Mr. Xavier's CUP, but with the substitution of the first eight conditions with a general condition that the operator should follow the current version of the Town's short-term rental ordinance.

Thank you for your consideration.

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

DATE of Meeting: 10/26/2021	Your Name: Dustin Mahar
8 10 a V J 20 a 1	Your Mailing Address: 7537 Fallen Oak Dr.
	Verona WI SJ593
	Your Phone #: 608 772 6651
Zoning Petition/CUP#: 2537	Your Email Address: dustin mahl-fitness egmail. com
Please check all appropriate boxes below to indica applicable, your acceptance of any town and/or st	ate your interest in addressing the ZLR Committee and, if taff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	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.

We are open to the Sperson recommandation.

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

DATE of Meeting: 10/26/21	Your Name: Valerie Ahl
	Your Mailing Address: 4321 State Road 138
	Oregon, WI 53575
	Your Phone #: 608-698-7924
Zoning Petition/CUP#: 2538	Your Email Address: veahl@wisc.edu
** *	v to indicate your interest in addressing the ZLR Committee and, if 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.

I would like to speak to address staff concerns regarding this proposal.

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

Your Name: _{Brad} Rogowski Your Mailing Address: 4363 State Road 138

Oregon, WI 53575

Your Phone #: 815-670-0102

Zoning Petition/CUP#: CUP 2538

DATE of Meeting: 10/26/2021

Your Email Address: drrogo@yahoo.com

Please check the appropriate box(es) below to indicate your position on the proposal.

<u> </u>	Wish to Speak in Support		Wish to Speak in Opposition
✓ \	Wish to Register in Support		Wish to Register in Opposition
		Available for Information	

Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.

We are in support of the proposal from Valerie Ahl and Timothy Allen. We do not have any concerns as a neighbor regarding their proposed activities.

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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:	Your Name: JII & Dan Sears
	Your Mailing Address: 4361 Shate Ad. 138
	Oregon WI 53575
	Your Phone #: (408-209-4139
Zoning Petition/CUP#: 2538	Your Email Address: Npgirl 160 pgmail.com
Please check the appropriate box(es) below	v to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
Availa	able for Information
Please use the space below to provide a brief sum proposal.	mary of your comments and/or concerns regarding the
See altreher	

Sc_tember 22, 2021

Dear Board Members,

Re: Public Hearing for CUP 2021-02538 / 4321 State Highway 138

It has recently come to my attention that my neighbors Valerie Ahi/Timothy Allen at 4321 State Highway 138 have requested a permit to hold kid's activities, parties, and weddings on their property 3 days a week, from 11am-5pm, with a maximum 45 attendees. My home directly bumps up to 4321 State Highway 138 where the parties will be held. I live at 4361 State Road 138 Oregon WI and believe after you hear my concerns you will decide not to approve.

- 1. **Noise level** What assurances to I have that I will continue to enjoy quiet days in my backyard? Should there be constant noise on the weekend what assurances do I have the village will take action to quite a band or DJ playing loud music every week?
- 2. Lighting What assurances do I have that there will be no lighting pollution disturbing me or the wildlife in my back yard?
- 3. Unwanted guest on my property The fence between our properties is on the ground aged and damaged beyond repair. This has led to people riding horses and walking through my property which I have captured on my trail cameras. I've already experienced this neighbor leaving horse manure and riding 4 wheelers on my driveway and damaging my grass. What assurances do I have there will be no trespassers or lost vehicles driving up my driveway?
- 4. Trash What assurances do I have these events will not lead to trash and litter blowing onto my property?
- 5. **# Of Attendees –** What assurances do I have the number of attendees will not exceed the maximum?
- 6. Vandalism What assurances do I have their guests will not vandalizing my property?

There is no comparison of this property to Dawson Pointe Stable or Eugster's Farm Market as neither of those businesses are surrounded by residential homes.

I specifically bought this land and built my home to enjoy my privacy and the peace and quiet. It was my understanding the surrounding neighbors and properties were not permitted additional splits or to build additional housing or business.

This approval will directly impact my personal enjoyment and impact my property value. Please vote NO.

Thank you for your time Sincerely,

Dan Sears Jill Sears 4361 State Road 138 Oregon, WI 53575 608-209-4139 npgirl100@gmail.com **Registration Report**

Торіс	Webinar ID	Scheduled	Duration (r # Registered	# C	# # Denied		
Dane County	Z 841 4005 1438	########	150	11	0	# 0		
Attendee Det	ails							
First Name	Last Name	Email	City	Phone	Reg	AI Which petition num	l Do you sup	Do you want to speak?
Damian	Wendorf	Damian.w	Verona	262-893-5495	##	ar CUP 2537	Oppose	I do not want to speak but I am available for questions.
Chase	Horne	cah@dewi	Madison	6082060717	##	ar 2533, 2535	Support	Yes, I want to speak.
Craig	Jordan	cjordan14	(Madison	608-516-4415	##	ar CUP# is 02533	Oppose	No, I do not want to speak.
David	Huntsman	ddhuntsm	a Madison	6083352100	##	ar 7069 applewood dri	Oppose	Yes, I want to speak.
Roger	Hartmann	hartmann	⁻ Lodi	6086952618	##	ar 11749	Support	No, I do not want to speak.
John	Ziegler	jpz93@aol	Brooklyn	608-335-9393	##	ar 02534 & 11746	Support	I do not want to speak but I am available for questions.
Joyce	Reeder	k8yreeder	(Town of M	I (608) 829-3093	##	ar CUP #2533 Bright Be	Oppose	No, I do not want to speak.
Luke	Hillman	lchillman@	Madison	4149165601	##	ar Daycare in Applewo	Oppose	I do not want to speak but I am available for questions.
William	Reeder	pizonyx@d	Town of M	I (608) 829-3093	##	ar CUP 2533 Bright Beg	g Oppose	No, I do not want to speak.
Frederic	Ross	rossfm@cl	Madison	WI	##	ar 2533	Oppose	Yes, I want to speak.
Sue & Norm	Peck	snpeck@o	ι Marshall	608-669-0397	##	ar 11756	Support	I do not want to speak but I am available for questions.