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

DATE of Meeting:	Your Name: Jason Berning	
	Your Mailing Address: 4232 Old Stage Rd	
	Brooklyn WI	
	Your Phone #: 608-571-3906	
Zoning Petition/CUP#:DCPCUP-2022-02561	Your Email Address: jason@wihomeexpert.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	$\checkmark Wish to Register in Opposition$	
Availa	able for Information	
Please use the space below to provide a brief sum proposal.	mary of your comments and/or concerns regarding the	
I am in opposition of this new quarry for a number		
Thank you, Jason Berning		

And the public of the public must fill out his form prior to participating in a remote meeting of the zoning committee. Markers of the public must fill out his form prior to participating in a remote meeting of the zoning committee. Markers of the public must fill out his form and then fill out using Adobe Reader. You may also print out the form and fill it in the intercence of the zoning committee. Markers of the public must fill out his form and then fill out using Adobe Reader. You may also print out the form and fill it in the intercence of the zoning committee. Markers of the public must fill out his form and then fill out using Adobe Reader. You may also print out the form and fill it in the intercence of the zoning committee. Markers of the public must fill out his form prior to participating in a remote meeting of the zoning committee. Markers of the public must fill out his form prior to participating in a remote meeting of the zoning committee. Markers of the public must fill out his form and the fill out using Adobe Reader. You may also print out the form and fill it in the intercence of the completed form to an email and send to: Intercence of the completed form to an email and send the fill out his form and the fill out using Adobe Reader. You may also print out the form and fill it in the competition of the completed form to an email and send to: Intercence of the fill out his form form to: Intercence of the fill out his form form to: Intercence of the fill out his form form the proposal. Coning Petition/CUP#: 2022 - 025 63 Your Email Address: Intercence of the fill out his form form form form form form form form
DATE of Meeting: Two May 24 Your Name: Bill Boevigter Your Mailing Address: 198 Center Rd Strughter Strughter Rd Your Phone #: 608 320 1052 Zoning Petition/CUP#: 2022 - 025 63 Your Email Address: refere e ghoo.com Please check the appropriate box(es) below to indicate your position on the proposal. Sill. boevigter e gmail Wish to Speak in Support Wish to Speak in Opposition Available for Information Available for Information Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.
Your Mailing Address: 748 Center Rd Strughtm WI5338 Your Phone #: 608 320 1052 Zoning Petition/CUP#: 2022 - 02563 Your Email Address: refebre C yahoo .com Bease check the appropriate box(es) below to indicate your position on the proposal. 6/11. 60erig flor e jmort 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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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.
Available for Information Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.
 Does not meet the 8 standards Is not compartable w/existing Town Plan (standard?) Will diminish neighborhood values + use (standard 2). Denied by the Town Board and County 18 mos ago, due failure of 7 of 8 standards. Nothing has changed.

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DATE of Meeting: May 24 2022 Your Name: Tom Eugster		
	Your Mailing Address: 4058 Old Stage Rd	
	Brookly, WI 53521	
	Your Phone #: 608 279 2855	
Zoning Petition/CUP#:	Your Email Address: tmeugster@hotmail.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	
1 I	mmary of your comments and/or concerns regarding the	
proposal.		
My name is Tom Eugster and I reside at 4058 Old Stage Rd next to the CUP. I oppose this proposed CUP.		
The constant noise coming from the sand quarry is very disturbing. If approved it will definitely worsen		
the noise and dust, the vibrator and tail gate slamming I have to contend with. My quality of life is		
nowehere near what it used to be before this san	d pit was started, and it will be worse if CUP is granted.	
	ds of my house. It will without question diminisah the	
value of my property. The value loss will be worsened because I carry three splits on this property. If I choose to move forward wigth splitting these parcels my ability to sell and their value will be negatively		
impacted. This is supported by Mr Spelter's testimony on property value inpacts. I am retired and disabled with Parkinson's living on a fixed incomde. My property assets form a		
	nyself and those who depend on me. If this CUP is	
approved, there will be significan negative consequences for my family and myself. As such it fails to		
meet standard #3, the normal and orderly development and improvement of surrounding property.		

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DATE of Meeting: 5/24/22	Your Name: Jodi Igl	
	Your Mailing Address: 4241 County Rd. A	
	Oregon, WI 53575	
Your Phone #: 8068352775		
Zoning Petition/CUP#: 2022-02563	Your Email Address: jodismail61@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	
Avai	lable for Information	
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		
The applicants current operations has financially impacted my		
family by the expense of 3 windshield replacements from dump		
truck traffic on County A. This applicant is not in compliance with		
the Rutland Community Comprehensive Plan in enjoyment of		
property & impact on neighborhoods whereas, Center Rd. has		
no shoulder & deep ditches which puts pedestrians & bicyclists		
at risk with 50 trucks per day. Additionally the return to farmland		
reuse is not the intentions of this applicant nor does it compare		

to Rutland's comprehensive plan.

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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:	Your Name: Mary Knutson	
	Your Mailing Address: 4061 Old Stone Road	
	Oregon, WI, 53575	
	Your Phone #: 608-335-8456	
Zoning Petition/CUP#: DCPCUP-2022-02563	Your Email Address: mjknute4061@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.		
I will be speaking in opposition of the quarry basing my comments of not meeting Standard #2 and Standard #7		

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DATE of Meeting: May 24, 2022	Your Name: Bonnie Larson	
	Your Mailing Address: 483 Center Road	
	Oregon, WI 53575	
	Your Phone #: 608.520.3366	
Zoning Petition/CUP#:DCPCUP-2022-02561	Your Email Address: bjl483center@hotmail.com	
Wish to Speak in Support) below to indicate your position on the proposal.	
Wish to Speak in Support	X Wish to Speak in Opposition	
Wish to Register in Support	X Wish to Register in Opposition	
X Available for Information		
Please use the space below to provide a br proposal.	ief summary of your comments and/or concerns regarding the	
My opposition to DCUP-2022-02561 is	based on the failure of this CUP to meet all of the eight	

My opposition to DCUP-2022-02561 is based on the failure of this CUP to meet all of the eight standards necessary to obtain a CUP.Regarding Standard (1) I live about 200 yards from the current quarry and I walk frequently past the quarry. There isn't a continuous fence surrounding this quarry creating a potential danger. In the past I've called DCS to report a group of young people hanging out there. There is also the blasting that happens without warning causing a shaking and vibrating throughout my house which is concerning because of potential damage to the foundation of my house and outbuilding. Standard (2) There is constant noise in the quarry, weekends, holidays, from dawn until dusk. The crushing machine, the back up warnings. and the large heavy dump trucks traveling throughout the day on Center Road. I'm also in the habit of drying laundry on a clothesline and that has become difficult with the dust in the air, it also prevents me from opening the windows. It's become risky to walk or ride a bike anymore due to the traffic and lack of a shoulder to keep distance from the trucks. Standard (4) I've lived at my current address for 40 years and would hope to be able to sell it when I tire of the work it requires. A quarry expansion that close would have a negative affect on selling a property.

Your Mailing Address Your Phone #: 608 Zoning Petition/CUP#: 2022 - 02563 Please check the appropriate box(es) below to indicate your position Wish to Speak in Support	EGISTRATION FORM eeting of the zoning committee. e Reader. You may also print out the form and fill it in r completed form to an email and send to: me: $Mauveen Rave$ niling Address: $798 Cenfev Kd$ $Stayb Han WI 535$ one #: $608 622 932 4$ nail Address: $raveboe e_{f} ahoo.com$ e your position on the proposal. Wish to Speak in Opposition Wish to Register in Opposition wish to Register in Opposition rmation recomments and/or concerns regarding the
Members of the public must fill out this form prior to participating in a remote meeting of the zoni IMPORTANT: please download and save this form and then fill out using Adobe Reader. You may a please submit completed forms by email at your earliest convenience. Attach your completed form lane.roger@countyofdane.com. Please submit completed forms by email at your earliest convenience. Attach your completed form lane.roger@countyofdane.com. DATE of Meeting: Twes May 2.4 Your Name: Please Your Phone #: ftp8 Zoning Petition/CUP#: 2022 - 02563 Your Email Address: Please check the appropriate box(es) below to indicate your position Wish to Speak in Support With the sent of the space below to provide a brief summary of your comments a proposal	reting of the zoning committee. The Reader. You may also print out the form and fill it in r completed form to an email and send to: The image of the zoning of the send to: The image of the image of the send to: The image of the image of the send to: The im
IMPORTANT: please download and save this form and then fill out using Adobe Reader. You mailer completed forms by email at your earliest convenience. Attach your completed form lane.roger@countyofdane.com. DATE of Meeting: Two May 24 Your Name: May Your Mailing Address Vour Phone #: 608 Zoning Petition/CUP#: 2022 - 02563 Your Email Address: Please check the appropriate box(es) below to indicate your position Wish to Speak in Support With Wish to Register in Support Wish to Register in Support With Your Comments a proposal	e Reader. You may also print out the form and fill it in r completed form to an email and send to: me: <u>Mauveen</u> <u>Rave</u> miling Address: <u>798 Cenfer</u> <u>Kd</u> <u>Stanphtan</u> <u>WI</u> 535 one #: <u>608 622 932 4</u> mail Address: <u>rwebse e yahoo.com</u> e your position on the proposal. Wish to Speak in Opposition Wish to Register in Opposition rmation rmation
Jane roger@countyofdane.com. DATE of Meeting: Two Way 24 Your Name: Mau Your Mailing Address Your Phone #: 608 Zoning Petition/CUP#: 2022 - 02563 Your Email Address: Please check the appropriate box(es) below to indicate your position Wish to Speak in Support Wish to Register in Support Available for Information Please use the space below to provide a brief summary of your comments a proposal	me: <u>Mauveen Rave</u> miling Address: <u>798 Cenfer Kd</u> <u>Starphtan WI 535</u> one #: <u>108 622 9324</u> mil Address: <u>ravebse eyshoo.com</u> eyour position on the proposal. Wish to Speak in Opposition Wish to Register in Opposition mation ur comments and/or concerns regarding the
Your Mailing Address Your Phone #: 608 Zoning Petition/CUP#: 2022 - 02563 Your Email Address: Please check the appropriate box(es) below to indicate your position Wish to Speak in Support Wish to Register in Support Available for Information Please use the space below to provide a brief summary of your comments a proposal	Address: 798 Center Kd Stayhtan WI 535 one #: 608 622 932 4 mail Address: rwebse @ a hos.com e your position on the proposal. Wish to Speak in Opposition Wish to Register in Opposition rmation rmation
Your Phone #: 108 Zoning Petition/CUP#: 2022 - 02563 Your Email Address: Please check the appropriate box(es) below to indicate your position Wish to Speak in Support Within Wish to Register in Support Wish to Register in Support Within Available for Information Please use the space below to provide a brief summary of your comments a proposal	Stay bta WI 535 one #: 108 622 932 4 nail Address: ravebae e y aboo .com e your position on the proposal. Wish to Speak in Opposition Wish to Register in Opposition rmation
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Please check the appropriate box(es) below to indicate your position Wish to Speak in Support Wish to Register in Support Available for Information Please use the space below to provide a brief summary of your comments a proposal	your position on the proposal. Wish to Speak in Opposition Wish to Register in Opposition rmation rmation
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Please use the space below to provide a brief summary of your comments a proposal	r comments and/or concerns regarding the
proposal	
Does not meet standard 7 (is with several elements of the Rutland Plan.) Entry	7 (is not caypatable Rutland Town Caup.
with several elements of the Matland Plan.) Detay	Rutland Town Camp.
Plan.) Entry	· · · ·
) CCK	

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DATE of Meeting:	Your Name: Sharon Seffrood
May 24, 2022	Your Mailing Address: 611 Oak Ridge Road
	Oregon, WI 53575
	Your Phone #: N/A
Zoning Petition/CUP#: CUP 02563	Your Email Address: seffrood98@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
Availab	ole for Information

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

I will be presenting a letter of testimony at the May 24 hearing. Thank you!

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DATE of Meeting:

Your Name: Your Mailing Address:

Your Phone #:

Zoning Petition/CUP#:

Your Email Address:

Wish to Speak in Opposition

Wish to Register in Opposition

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

Wish to Speak in Support

Wish to Register in Support

Available for Information

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

down..Center Road is not a safe road. It has lots of steep grades and stop signs - not good visibility, low hanging trees in lots of places. Center Road is not a very good or safe road to begin with."

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DATE of Meeting: 5/24/20 Your Name: Henry Spelter		
	Your Mailing Address: 5204 Autumn Lane	
	McFarland, WI 53558	
	Your Phone #: 978 727 4225	
Zoning Petition/CUP#: 2563 (Hahn)	Your Email Address: hspelter48@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 summary of your comments and/or concerns regarding the proposal.		
and residential nature of the neighborhhod. Its en	intrusive. It is an incompatible use with the residences ffect on property values for both houses and land is arisons. It therefore breaches Standards #2 (value and velopment),Henry Spelter	