January 11, 2022 ZLR Committee Meeting Registration Report

Attendee Details

Attendee Details			T		
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?
Tiffany	Corrigan	Stoughton	Act-368 CUP 2537	Neither	No, I do not want to speak.
Ben	Tanko	Mcfarland	CUP 2540	Support	No, I do not want to speak.
Bill	French	Geneva, IL	CUP 2540	Support	I do not want to speak but I am available for questions.
Dustin	Maher	Verona	Act-368 CUP 2537	Support	Yes, I want to speak.
jason	Jaskula	EDGERTON	11774	Support	I do not want to speak but I am available for questions.
Ken	Wagner	Verona	Act-368 CUP 2537	Oppose	Yes, I want to speak.
Gary	Kraft	verona	Act-368 CUP 2537	Oppose	I do not want to speak but I am available for questions.
Janis and Mike	Parkinson	Verona	Act-368 CUP 2537	Oppose	Yes, I want to speak.
Don	Imhoff	Madison	11739	Support	I do not want to speak but I am available for questions.
Solon	Pierce	Deerfield	11739	Support	I do not want to speak but I am available for questions.

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: lane.roger@countyofdane.com</u>.

DATE of Meeting: 1/11/22	Your Name: Donald Imhoff
<u>-</u>	Your Mailing Address:
	Madison, WI
	Your Phone #:
Zoning Petition/CUP#: 11739	Your Email Address:
	your interest in addressing the ZLR Committee and, if f recommended conditions of approval on the proposal.
Wish to Speak in Support	lerstand 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 to share with the ZLR Committee regarding the propos	of any comments, concerns, or observations you would like al.

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

Petitions without town action may also be included on a consent agenda and recommended for postponement to a future meeting.

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DATE of Meeting: 1/11/22	Your Name: Bill French
<u></u>	Your Mailing Address: 330 W. State Street, Suite 1
	Geneva, IL 60134
	Your Phone #: 847-414-0134
Zoning Petition/CUP#: CUP 2540	Your Email Address: bfrench@sunvest.com
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	
	ry of any comments, concerns, or observations you would like
to share with the ZLR Committee regarding the prop	osal.
I .	

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DATE of Meeting:	Your Name: Dustin Maker		
	Your Mailing Address: 7537 Fallan Oak Dr		
	Verong WI		
	Your Phone #: 608 772 6651		
Zoning Petition/CUP#: 2537	Your Email Address: Justin maker fitnessegmail on		
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		
Available for Information			
proposal.	mmary of your comments and/or concerns regarding the		
We would like to apologi	ze about what happened, explain		
We would like to apologize about what happened, explain why it happened, and the steps we are taking to mitigate it in the fature.			
it in the future.			

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DATE of Meeting: 1/11/22	Your Name: GARY KRAFT Your Mailing Address:
	Your Phone #:
Zoning Petition/CUP#: 3537	Your Email Address:
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
X Availal	ole for Information
Please use the space below to provide a brief sumproposal.	mary of your comments and/or concerns regarding the
Awakened in middle of	uisht by extremely lood

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DATE of Meeting: 1/3/22	Your Name: Mike and Janis Parkinson		
	Your Mailing Address:		
	Verona, WI 53593		
	Your Phone #:		
Zoning Petition/CUP#: 2537	Your Email Address:		
Please check the appropriate box(es) belo	ow 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	ilable for Information		
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the		
the presence of the transient rental property. M	r. Maher's residence, hence we are directly impacted by fr. Maher has been renting out the house for the past year estances of excessive noise and jeopardy to our property.		
that was at Mr Maher's home. My adult childre Fireworks were lit off from the residence which a public fireworks show. One of our neighbors our yard and house and he kept checking on it be on January 1st sometime after midnight the rent time and the noise was excessive keeping us up	en. When we returned, we learned of the excessive crowd en were home at the time and described what happened. In were basically full scale fireworks that you would see at also told us that the fireworks and ash were landing in because it could have burned our house down. Similarly ters also were lighting off fireworks. We were home this olate into the night and causing great anxiety in our two d to the peaceful residential neighborhood we moved		

into.

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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: Ken Wagner		
	Your Mailing Address:		
	Verona, Wi		
	Your Phone #:		
Zoning Petition/CUP#: CUP#2537	Your Email Address:		
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 sur proposal.	mmary of your comments and/or concerns regarding the		
Continued disturbances to the neighborhood and	d continued CUP violations.		
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