### 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: 12/28/21	Your Name: David Hottmann / Hottmann Investments, Inc.
	Your Mailing Address: 9818 Sandhill Road
	Middleton, WI 53562
	<b>Your Phone #:</b> 608-333-8486
Zoning Petition/CUP#: 11766	Your Email Address: dave.hottmann@gmail.com
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ry of any comments, concerns, or observations you would like osal.

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DATE of Meeting: 12/28/21	Your Name: Cathy Rasmussen
	Your Mailing Address: 147 County Road BB
	Marshall, WI 53559
	<b>Your Phone #:</b> 608-516-9171
Zoning Petition/CUP#: REZONE 11767	Your Email Address: carasmussen2@gmail.com
	ate your interest in addressing the ZLR Committee and, if raff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ry of any comments, concerns, or observations you would like osal.
Registering to be available should questions arise du expanding my existing lot.	aring review of my petition for rezoning, in support of

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DATE of Meeting: December 28 2021	Your Name: William McChesney
	Your Mailing Address: 7108 University Avenue
	Middleton Wi 53562
	Your Phone #: 608-712-4072
Zoning Petition/CUP#: 11768	Your Email Address: wmcchesney3@gmail.com
** *	eate your interest in addressing the ZLR Committee and, if taff 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	
Please use the space below to provide a brief summator share with the ZLR Committee regarding the property.	ary of any comments, concerns, or observations you would like posal.

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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: December 28 2021	Your Name: Joyce McChesney
2 2000	Your Mailing Address: 7108 University Avenue
	Middleton WI
	Your Phone #: 608-712-0861
Zoning Petition/CUP#: 11768	Your Email Address: Joyce.raisbeck2@gmail.com
	eate 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	
Please use the space below to provide a brief summer to share with the ZLR Committee regarding the pro-	ary of any comments, concerns, or observations you would like posal.

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DATE of Meeting: 12/28/21	Your Name: Michelle Affatati
12,20,21	Your Mailing Address: 222 W. Washington Avenue #900
	Madison, WI 53701
	<b>Your Phone #:</b> 608-334-7348
Zoning Petition/CUP#: 11769	Your Email Address: maffatati@staffordlaw.com
	te your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support I Un	nderstand and Accept the Recommended Conditions
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the proportion	ry of any comments, concerns, or observations you would like osal.

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DATE of Meeting:	Your Name: Robert and Kathryn Shanahan
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Your Mailing Address: 3315 Nelson Road
12/28/21	Sun Prairie, WI 53590
	Your Phone #: 608-566-9105
Zoning Petition/CUP#: 11770	Your Email Address: Flighthoh@gmail.com
그래도 그 그림을 하는 모든 그리고 있다. 그들은 하는 경에 가장 하는 경기에 모든 모든 것 같아. 그는 모든 것 같아.	ow to indicate your interest in addressing the ZLR Committee and, if vn 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	1 Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a below to share with the ZLR Committee regard	brief summary of any comments, concerns, or observations you would like ling the proposal.

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<b>DATE of Meeting:</b> 12/28/2021	/2021	Your Name: Todd Elliott
	72021	Your Mailing Address: 3900 AMBER LANE
		Deerfield, Wi 53531
		Your Phone #: 608-628-7232
Zoning Petition/CUP#: 117	71	Your Email Address: toddelliott1939@gmail.com
		your interest in addressing the ZLR Committee and, if frecommended conditions of approval on the proposal.
Wish to Speak in Su	pport I Unc	lerstand and Accept the Recommended Conditions
Wish to Register in	Support I Do	Not Understand and/or Accept the Recommended Conditions
Available for Inform	aation	
Please use the space below to share with the ZLR Comm		of any comments, concerns, or observations you would like

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DATE of Meeting: 12/28/21	Your Name: Erik Bluemner	
	Your Mailing Address: 2808 Cross Country Circle	
	Verona, WI 53593	
	<b>Your Phone #:</b> 608-698-0094	
Zoning Petition/CUP#: 11772	Your Email Address: ebluemner@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	
Avai	lable for Information	
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	
As a property owner in the proposed zoning change area, I oppose the petition. I would like to retain the rural residential zoning, because of the allowable use options it provides. Further, I would like to comment on the reasons cited on the petition for zoning change.		

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DATE of Meeting:	Your Name: Barbara Grentie
12/28/21	Your Mailing Address: 9973 Greenwold
16/20/01	MH Horeb WI 53572
	Your Phone #: 608-513-2235
Zoning Petition/CUP#: 11773	Your Email Address: Yoruby Owhite ne
Please check all appropriate boxes below to indicate applicable, your acceptance of any town and/or staf	your interest in addressing the ZLR Committee and, if f recommended conditions of approval on the proposal.
Wish to Speak in Support I Uno	derstand and Accept the Recommended Conditions
Wish to Register in Support I Do	Not Understand and/or Accept the Recommended Conditions
Available for Information	
to share with the ZLR Committee regarding the propos	of any comments, concerns, or observations you would like al.
I would like to expan	nd my current 2.8ac RR-2
lot by 1, 29 ac for a Hot	nd my current 2.8ac RR-2 tal of 4.15 in RR4.
Mureason is that c	vrrent property line
riens through a rock	Cropping that I would
like to belong fully.	verent property line cropping that I would to future owners.
	IS ONLY FOR APPLICANTS OR THEIR AGENTS!

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

Thonkyou for your time à consideration, Barbaro Grenlie

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DATE of Meeting:	Your Name: Your Mailing Address:	
	Your Phone #:	
Zoning Petition/CUP#:	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.		
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 brie to share with the ZLR Committee regarding	of summary of any comments, concerns, or observations you would like the proposal.	

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DATE of Meeting: 12/28/21	Your Name: Khris Barber
12,20,21	Your Mailing Address: 4125 Terminal Drive
	McFarland, WI 53558
	<b>Your Phone #:</b> 608-438-7464
Zoning Petition/CUP#: 11775 - Lynch Estate	Your Email Address: kbarber@abcmadison.com
	ate your interest in addressing the ZLR Committee and, if raff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions
Available for Information	
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DATE of Meeting: 12/28/2021	Your Name: James Aeschbach
12/20/2021	Your Mailing Address: 4480 Dahmen Pass
	Cross Plains, WI 53528
	Your Phone #: 608 228-6377
Zoning Petition/CUP#: rezone petition #11776	Your Email Address: jamesaeschbach@gmail.com
: (1) [2] -	rate 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	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ary of any comments, concerns, or observations you would like posal.

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DATE of Meeting: 12/28/21	Your Name: Melvin & Kenda Shotliff
- 1-1-0/-	Your Mailing Address: 9402 N. Berg Road
	Evansville, WI 53536
	Your Phone #: 608-436-4332
Zoning Petition/CUP#: 11777	Your Email Address:
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support	nderstand and Accept the Recommended Conditions
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the prope	ry of any comments, concerns, or observations you would like osal.
8 8 1 1	

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DATE of Meeting: 12/28/21	Your Name: Tim Krausse
<b>_,_</b> ,	Your Mailing Address: 11747 Dallman Rd
	Edgerton, WI 53534
	Your Phone #: 6082954117
Zoning Petition/CUP#: 11778	Your Email Address: timkrausse@yahoo.com
	ate your interest in addressing the ZLR Committee and, if taff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ary of any comments, concerns, or observations you would like bosal.

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DATE of Meeting: 12/28/21	Your Name: Ronald R Klaas	
	Your Mailing Address: 7530 Westward Way	
	Madison, WI 53717	
	<b>Your Phone #:</b> 608-833-7530	
Zoning Petition/CUP#: 11779	Your Email Address: rklaas@donofrio.cc	
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	Inderstand and Accept the Recommended Conditions	
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions	
Available for Information		
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ary of any comments, concerns, or observations you would like bosal.	
I will be representing the landowners Warren and M	ary Ann Olsen, and available to answer questions.	

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DATE of Meeting: 12/28/21	Your Name: Kirsten Witte	
	Your Mailing Address: 6502 Sunset Dr.	
	Verona, WI 53593	
	<b>Your Phone #:</b> 815-222-5982	
Zoning Petition/CUP#: 11779	Your Email Address: Kwitte32@gmail.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 live two houses down from the Olson property treeline. I understand the need for development dining room windows and see houses. I request a way that the buyers of these new plots of land Everything is being done to preserve the view fr I request that the same care is given to preserving so that the people who already live here and enjoy continue to do so without obstruction. The main purchase our home was to live in a rural environg without maintaining the character of the road an our town.	but I do not want to look out my kitchen and that the building envelope be placed in such are inclined not to take down the trees. com Sunset Dr, to maintains its rural character. ag the rural character from the sides as well, oy the beauty of this neighborhood can reason my husband and myself decided to ment. By developing new pieces of land	

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DATE of Meeting: 12/28/20	Your Name: Mary Handel
	Your Mailing Address: W9756 Dakota Ave
	Wautoma, WI 54982
	Your Phone #: 608-609-5920
Zoning Petition/CUP#: 11780	Your Email Address: mlkuckuk@gmail.com
	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	Oo Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ary of any comments, concerns, or observations you would like bosal.
10% grade. This was under the assumption that we we plan. We have surveyed out a driveway in the new zemeet the 10% grade limit. We are currently planning	ere was concern about the driveway being able to be built at would be using 100% of the original farm road which is not our cone, using about 50% of the original farm road, that would go to work with an engineering firm per the request of the Black ode requirements. We understand that per the Town of Black our Dane County rezone request will be postponed.

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## Done

# ZLR Remote Mtg Registration Form - PUBLIC.pdf









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.

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

ATE of Meeting:	Your Name: Peter Wood
	Your Mailing Address: 5144 Mickelson Road
	Black Earth
	Your Phone #: (608) 767-2133
oning Petition/CUP#: 11780	Your Email Address: Woodp48@hotmail.com
Please check the appropriate box(e	s) 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
V	Available for Information
Please use the space below to provide a b	rief summary of your comments and/or concerns regarding the
proposal.	
Committee as criteria for zoning recomm	e Plan is used by the Dane County Zoning and Land Regulation endations. The Town of Black Earth Comprehensive Plan states
	to those areas that are not capable of supporting agricultural to recognize that ridge-tops, wetlands, floodplains, steep/and or
	ands are resources that need to be preserved and that
beauty of the Town."	urces is essential in defining the distinctive character and scenic
The landowners want to build a 2900 s	sq. ft. home on the ridge-top and build a 2600 ft driveway up a
steep and wooded slope. There already ex	sists a four acre building site zoned residential where the home

should be built. To allow this rezone petition to be approved would basically deny the existence of the

Comprehensive Plan and its goals.

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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: 12/28/21	Your Name: Larry Konopacki (Deer Creek Sports & Conse
	Your Mailing Address: PO Box 1784
	Madison, WI 53701-1784
	Your Phone #: 608-358-4500
Zoning Petition/CUP#: Rezone 11781; CUP 2547	Your Email Address: lkonopacki@staffordlaw.com
11 1	e your interest in addressing the ZLR Committee and, if frecommended conditions of approval on the proposal.
Wish to Speak in Support I Unc	derstand and Accept the Recommended Conditions
Wish to Register in Support	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 sal.
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DATE of Meeting: 12/28/21	Your Name: TIMOHTY J. KRUSE
	Your Mailing Address: 8505 MILLER RD VERONA WI
	8505 MILLER RD VERONA WI
	Your Phone #: 608-237-1650
Zoning Petition/CUP#: 11781; 02547;	Your Email Address: TIM@KRUSEACQUISITIO
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
<b>✓</b>	Available for Information
Please use the space below to provide a bri proposal.	ief summary of your comments and/or concerns regarding the
I'm unsure of my position but want to have	e the opportunity to speak and ask questions.
4 11.1	

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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: Ruth Hansen
	Your Mailing Address:
	<b>Your Phone #:</b> 608-576-6821
Zoning Petition/CUP#: 2021-11781	Your Email Address: clerk@townofprimrose.com
	ate your interest in addressing the ZLR Committee and, if raff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	Inderstand and Accept the Recommended Conditions
Wish to Register in Support I D	Oo Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ry of any comments, concerns, or observations you would like osal.
	noise and lead contamination (testing, remediation plan).

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DATE of Meeting:	Your Name:	
	Your Mailing Address:	
	Your Phone #:	
Zoning Petition/CUP#:	Your Email Address:	
	low to indicate your interest in addressing the ZLR Committee	

ee 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

I Do Not Understand and/or Accept the Recommended Conditions Wish to Register in Support

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.

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DATE of Meeting: 12/21/21	Your Name: Jeffrey J Haen
2/21/21	Your Mailing Address: PO Box 44129
	Madion, WI 53744
	Your Phone #: 608-845-1550
Zoning Petition/CUP#:02546	Your Email Address: jeff@haenrealestate.com
Please check all appropriate boxes below to in applicable, your acceptance of any town and/o	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 sun to share with the ZLR Committee regarding the p	nmary of any comments, concerns, or observations you would like proposal.

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	Your Mailing Address: PO Box 1784
	Madison, WI 53701-1784
	Your Phone #: 608-358-4500
Zoning Petition/CUP#: Rezone 11781; CUP 2547	Your Email Address: lkonopacki@staffordlaw.com
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,22.5	Your Mailing Address: 8505 MILLER RD VERONA WI
	8505 MILLER RD VERONA WI
	Your Phone #: 608-237-1650
Zoning Petition/CUP#: 11781; 02547;	Your Email Address: TIM@KRUSEACQUISITIO
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
<b>✓</b>	Available for Information
Please use the space below to provide a bri proposal.	ief summary of your comments and/or concerns regarding the
I'm unsure of my position but want to have	e the opportunity to speak and ask questions.
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<b>DATE of Meeting:</b>	Your Name: Ruth Hansen							
	Your Mailing Address:							
	Your Phone #: 608-576-6821							
Zoning Petition/CUP#: 02547	Your Email Address: clerk@townofprimrose.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	Understand 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 sumn to share with the ZLR Committee regarding the pro-	nary of any comments, concerns, or observations you would like oposal.							
Town Board and neighbors of Deer Creek still in revents.	negotiations regarding shooting hours and extent of clubhouse							
events.								

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Report Generated:	12/28/2021 14:57						
Topic	Webinar ID	# Registered					
Dane County Zoning ar	889 3456 6456	5		)			
Attendee Details							
First Name	Last Name	Phone	petition number or agenda item	Do you sup	p Do you want to speak?		
Maxwell	Burke-Scoll	7155560891	CSM	Support	No, I do not want to speak.		
Michael	Glowacki	6083581977	Motion to place 2021 RES-157 on the County Board agenda	Support	I do not want to speak		
Scott	Anderson	6087327105	Cherokee Golf Course	Support	I do not want to speak		
Todd	Elliott	608 628 7232	11771	Support	I do not want to speak		
Peter	Wood	206-495-5101	11780	Oppose	Yes, I want to speak.		
Peter	Wood	(608) 767 2133	11780	Oppose	Yes, I want to speak.		