

**DANE COUNTY ZONING & LAND REGULATION COMMITTEE**

**REMOTE MEETING APPLICANT REGISTRATION FORM**

Applicants for a rezoning petition must fill out this form prior to participating in a remote meeting of the zoning committee.

**IMPORTANT:** please download and save this form and then fill out using Adobe Reader. You may also print out the form and fill it in by hand.

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

**DATE of Meeting:** 2/8/22

**Your Name:** Khris Barber

**Your Mailing Address:** 4125 Terminal Drive Suite #100

McFarland, WI 53558

**Your Phone #:** 608-438-7464

**Zoning Petition/CUP#:** 11775

**Your Email Address:** kbarber@abcmadison.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

I Understand and Accept the Recommended Conditions

Wish to Register in Support

I Do Not Understand and/or Accept the Recommended Conditions

Available for Information

Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.

**NOTE: THIS MEETING REGISTRATION FORM IS ONLY FOR APPLICANTS OR THEIR AGENTS!**

**This registration form may be used by the ZLR Committee to assist in determining if your proposal is eligible for inclusion on a consent agenda. Multiple zoning petitions on a consent agenda may be recommended for approval through a single motion of the committee, thus expediting the meeting.**

**To be eligible for inclusion on a consent agenda, there must be:**

1. **No public opposition to the proposal;**
2. **No unresolved questions/issues by committee members or staff;**
3. **Town action has been received and no concerns noted by the town in their approval;**
4. **Applicant acknowledgment and acceptance of any recommended conditions**

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**DATE of Meeting:** 2/8/22

**Your Name:** Ronald R Klaas

**Your Mailing Address:** 7530 Westward Way

Madison, WI 53717

**Your Phone #:** 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

I Understand and Accept the Recommended Conditions

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D'Onofrio Kottke and Associates is providing the Civil Engineering and Land Surveying for Warren and Mary Ann Olsen, and I am representing them for this meeting.

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**DATE of Meeting:** 2/8/22

**Your Name:** Larry Glusman

**Your Mailing Address:** Davis & Kuelthau, s.c., 111 E. Kilb

Milwaukee, WI 53202

**Your Phone #:** 414-303-5853 (Cell)

**Zoning Petition/CUP#:** 11787

**Your Email Address:** lglusman@dkattorneys.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

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I support the recommended approval with no conditions. I do not plan to speak but will be available for information if necessary.

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**DATE of Meeting:** 2/8/20

**Your Name:** Tom Willan

**Your Mailing Address:** 4407 Vilas Hope rd

Cottage Grove WI

**Your Phone #:** 608-438-3103

**Zoning Petition/CUP#:** 11788

**Your Email Address:** tom@ironmanbuildings.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

I Understand and Accept the Recommended Conditions

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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 would like the opportunity to clear up any outstanding concerns with the Board. We have stated our position, we have submitted plenty of evidence for the board to make the right decision to approve and we look forward to putting this 10 year nightmare behind us. We have never been told of any conditions therefore we are not for or against any conditions. We have concerns that we feel can be addressed.

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**DATE of Meeting:** 2/8/22

**Your Name:** Todd Carlson

**Your Mailing Address:** 1058 Wild Willow Way

Verona, WI 53593

**Your Phone #:** 608-509-2148

**Zoning Petition/CUP#:** 11792

**Your Email Address:** gixxer27@gmail.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.**

- |   |  |
|---|--|
| <input type="checkbox"/> Wish to Speak in Support               | <input checked="" type="checkbox"/> I Understand and Accept the Recommended Conditions |
| <input checked="" type="checkbox"/> Wish to Register in Support | <input type="checkbox"/> I Do Not Understand and/or Accept the Recommended Conditions  |
| <input checked="" type="checkbox"/> Available for Information   |  |

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