

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.

DATE of Meeting: May 24, 2022 at 6:30pm

Your Name: Michael L Schmitz

Your Mailing Address: 8617 Messerschmidt Dr

Verona, WI 53593

Your Phone #: (608) 843-9090

Zoning Petition/CUP#: 11823

Your Email Address: schmitz6969@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.

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.

My real estate agent, Chris Conrad, will be on the call, and available for information. Chris' email address is: chris@conraddevelopment.com and his phone # is 608-345-9230.

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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**

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DATE of Meeting: 5-24-2022

Your Name: Kevin Hanson

Your Mailing Address: 1939 Lewis rd

Mt.Horeb WI 53572

Your Phone #: 608-206-6647

Zoning Petition/CUP#: 11825

Your Email Address: kevinhanson2@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.

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: 5/24/22

Your Name: Karl Dettmann

Your Mailing Address: 4200 County Road P

Cross Plains, WI, 53528

Your Phone #: 608-575-2692

Zoning Petition/CUP#: 11826

Your Email Address: Karldettmann@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.

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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I understand that the approval of my petition will likely be put on hold until my property is in compliance. I am hopeful that there will be a suitable solution to have my property in compliance in the near future. I'd still like to hear if any other concerns or road blocks exist so that I can address those items to have all things be cleared up by the time my land is in compliance.

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DATE of Meeting: 5/24/22

Your Name: Ronald R Klaas

Your Mailing Address: 7530 Westward Way

Madison, WI 53717

Your Phone #: 608-833-7530

Zoning Petition/CUP#: 11826

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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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 working with the Town and County to resolve an issue with an existing structure within the wetland setback, unrelated to this rezone request. Structure to be removed. Town to take action once that is resolved.

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DATE of Meeting: 5/24/22

Your Name: Joel Hogan

Your Mailing Address: 2371 County Hwy BN

Stoughton, WI

Your Phone #: 608-628-7416

Zoning Petition/CUP#: 11827

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

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DATE of Meeting: May 24, 2022

Your Name: Jerry and Sharon Wendt

Your Mailing Address: 3511 State highway 138

Stoughton WI 53589

Your Phone #: 608-345-9203

Zoning Petition/CUP#: 11829

Your Email Address: jerry.j.wendt@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.

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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I will answer any questions that come up.

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DATE of Meeting: 5/24/22

Your Name: DUANE HUIBREGTSE

Your Mailing Address: PO BOX 199

OREGON, WI 53575

Your Phone #: 1-612-801-7888

Zoning Petition/CUP#: 11831

Your Email Address: HUIBREGTSED@FIRSTWE

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

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Duane does not have a computer or smart phone to be available via zoom, so if any questions or concerns are necessary to speak to him it will need to be done by phone. He understands all conditions and accepts them, so please advise if he needs to call in during the meeting or if he can just be available in case you need to call him during the meeting.

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DATE of Meeting: 5/24/22

Your Name: Paul Smith

Your Mailing Address: 2209 Southview Road

Oregon, WI 53575

Your Phone #: 608-770-2022

Zoning Petition/CUP#: 11831

Your Email Address: smith5657@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.

There are multiple outbuildings near the east property lines of these properties which do not appear on the published map in the Notice of Public Hearing, but are easily visible on Google Maps satellite view. During the April 11 Town of Dunn meeting about this proposed change, questions about these buildings were raised and Mr. Huibregtse said that the buildings were mobile/moveable and would be removed in the near future. At least some of these buildings still remain on the properties. I have concerns whether these buildings were compliant with current Dane County and Town of Dunn building codes when they were erected over the last few years.

One of contingencies for approval by the Town of Dunn was removal of junk on the properties. If the owner intends to remove the mobile/moveable buildings and junk as he stated, how will these be verified?

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DATE of Meeting: 5/24/22

Your Name: Dwight Trulen

Your Mailing Address: 1883 Sandy Rock Road

Hollandale, WI 53544

Your Phone #: 608-967-2247

Zoning Petition/CUP#: DCPREZ-2022-11832

Your Email Address: dtrulen@yahoo.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

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DATE of Meeting: 5/24/22

Your Name: Josh + Kerstin Mabie

Your Mailing Address: 1390 Washington Rd

Stoughton, WI 53587

Your Phone #: 608-250-0982

Zoning Petition/CUP#: 11833 CUP2544

Your Email Address: piedbeautyfarm@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.

Wish to Speak in Support

I Understand and Accept the Recommended Conditions

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DATE of Meeting: 5/18/22

Your Name: RAY GILDEN-HICKORY RIDGE LOG HOM

Your Mailing Address: 556 BOWERS RD.

BELLEVILLE, WI. 53508

Your Phone #: 608-516-6948

Zoning Petition/CUP#: 11834

Your Email Address: hickoryridgelog@tds.net

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

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DATE of Meeting: May 24, 2022

Your Name: Elizabeth Davis

Your Mailing Address: 134 Craig Rd

Edgerton, WI 53534

Your Phone #: 626-200-7908

Zoning Petition/CUP#: 11835

Your Email Address: davis.elizabethb@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.

I have concerns about privacy and construction in proximity to my house and property, and concerns that the above will fundamentally alter the livability and value of my property, as I purchased and moved here with the understanding that the property to the north of mine was to be used exclusively as farmland.

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DATE of Meeting: 5-24-2022

Your Name: Nick Schremp

Your Mailing Address: 344 Craig Rd

Edgerton, Wi 53534

Your Phone #: 608-295-5929

Zoning Petition/CUP#: 11835

Your Email Address: nickschremp@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.

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.

Wetland delineation has been preformed and has verbally confirmed that there is no wetlands in the area of the driveway. They are writing up a report and will issue it to us before 5-17-22. At that time we will pass it onto you in hopes of having enough time to review before the 24th meeting.

If Jason Tuggle from the water resources division recommends that we need a larger width driveway to adhere to the Stormwater Management requirement we will work with the surveyor to accomplish.

Thank you for your time.

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DATE of Meeting: 5/25/22

Your Name: Bradd Draheim

Your Mailing Address: 4658 state rd 92

Brooklyn wi

Your Phone #: 9202853933

Zoning Petition/CUP#: 2561

Your Email Address: bradd7154@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.

Wish to Speak in Support

I Understand and Accept the Recommended Conditions

Wish to Register in Support

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DATE of Meeting: 5/24/22

Your Name: Traci Schaefer

Your Mailing Address: 107 Teddy St

Brooklyn, WI 53521

Your Phone #: 608-220-9564

Zoning Petition/CUP#: 2561

Your Email Address: princesssw@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.

I am neutral to the proposal. I have concerns regarding expansion of existing structures and building of new structures. I would like to recommend changing the boundary from the entire tax parcel (9.3 acres) to the southerly portion of the tax parcel that is within 250ft of the centerline of STH 92 (1.5 acres). This would include the existing barn, existing house and existing "workshop" that is detailed in the drawing as primary use for the CUP.

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DATE of Meeting:

Your Name: Nathan McGree

Your Mailing Address: 3487 Bohn Rd

Mount Horeb Wi 53572

Your Phone #: 6512709848

Zoning Petition/CUP#: 02562

Your Email Address: nathan@tyrolbasin.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.

only outstanding item is Septic, We will be replacing spetic prior to putting property into operation as Air bnb

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.

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.

DATE of Meeting: 5/24/22

Your Name: Josh + Kerstin Mabie

Your Mailing Address: 1390 Washington Rd
Stoughton, WI 53587

Your Phone #: 608-250-0982

Zoning Petition/CUP#: 11833 CUP2544

Your Email Address: piedbeautyfarm@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.

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.

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