

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: 24 May 2022

Your Name: Matt Algeimm

Your Mailing Address:

Your Phone #: 920-574-837

Zoning Petition/CUP#: 2563

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 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!

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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: May 24th 2022
at 6:30pm

Your Name: Kate Angeles

Your Mailing Address: 3912 Old Stone rd
Oregon, WI 53575

Your Phone #: 608-225-1056

Zoning Petition/CUP#: 2563

Your Email Address: kate.weaver08@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

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DATE of Meeting: May 24th 2022
at 6:30 PM

Your Name: Rudy Angeles

Your Mailing Address: 3912 Old Stone rd
Oregon, WI 53575

Your Phone #: 414-587-0193

Zoning Petition/CUP#: 2563

Your Email Address: rudyangeles1336@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

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DATE of Meeting: 24 May 2022

Your Name: Devin Hahn

Your Mailing Address: 439 Center Road

Oregon, Wi 53575

Your Phone #: 608-333-2387

Zoning Petition/CUP#: 2563

Your Email Address: nelsonexcavatingandson@gm

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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I am the applicants son.

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DATE of Meeting: MAY 24TH 2022
6:30pm

Your Name: Jessica Hahn

Your Mailing Address: 439 center rd
oregon, wi 53575

Your Phone #: (608) 501-5359

Zoning Petition/CUP#: 2563

Your Email Address: jessandbree90@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 checked="" type="checkbox"/> Wish to Speak in Support | <input type="checkbox"/> I Understand and Accept the Recommended Conditions |
| <input type="checkbox"/> Wish to Register in Support | <input type="checkbox"/> I Do Not Understand and/or Accept the Recommended Conditions |
| <input type="checkbox"/> Available for Information | |

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DATE of Meeting: 24 May 2022

Your Name: Kevin Hahn

Your Mailing Address: 439 Center Road

Oregon, Wi 53575

Your Phone #: 608-333-5607

Zoning Petition/CUP#: 2563

Your Email Address: nelsonexcavatingandson@gm

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

I am the applicant.

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DATE of Meeting: MAY 24TH 2022
at 6:30 PM

Your Name: Rob Hill

Your Mailing Address: 487 Center Rd.

Oregon, WI 53555

Your Phone #: 608-455-3108

Zoning Petition/CUP#: 2563

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

Available for Information

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

[Handwritten signature]

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DATE of Meeting: 5/24/22

Your Name: Mitchell R. Olson, Axley Law Firm

Your Mailing Address: 2 East Mifflin Street, Suite 200

Madison, WI 53703

Your Phone #: (608) 283-6724

Zoning Petition/CUP#: 2563

Your Email Address: molson@axley.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.

Presentation will be made by speaker at meeting in support of applicant regarding how standards are met.

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DATE of Meeting: 5/24/22

Your Name: Noah T. Rusch, Axley Law Firm

Your Mailing Address: 2 East Mifflin Street, Suite 200

Madison, WI 53703

Your Phone #: (608) 283-6719

Zoning Petition/CUP#: 2563

Your Email Address: nrusch@axley.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.

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DATE of Meeting: 5/24/22

Your Name: Charles V. Sweeney, Axley Law Firm

Your Mailing Address: 2 East Mifflin Street, Suite 200

Madison, WI 53703

Your Phone #: (608) 283-6743

Zoning Petition/CUP#: 2563

Your Email Address: csweeney@axley.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.

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