June 28, 2022 Dane County ZLR Committee Zoom Meeting Registrants

			Which petition number or	Do you support or	
			agenda item are you	oppose the agenda	
First Name	Last Name	City	registering for?	item?	Do you want to speak?
Sharene	Smith	Madison	11836	Support	I do not want to speak but I am available for questions.
Allan	Ballweg	Dane	11837	Support	I do not want to speak but I am available for questions.
Duane	Swalheim	Cottage Grove	11838	Support	I do not want to speak but I am available for questions.
bill	myhre	edgerton	11839	Support	No, I do not want to speak.
Chris	Wozniak	Stoughton	11839	Neither	No, I do not want to speak.
Marcia	Kasieta	Verona	11842	Support	I do not want to speak but I am available for questions.
David	Dinkel	Deerfield	11843	Support	Yes, I want to speak.
Kathryn	Merg	Deerfield	11843	Neither	No, I do not want to speak.
TOM	SCHEMM	DEERFIELD	11843	Neither	No, I do not want to speak.
tom	jelinek	cambridge	11844	Support	I do not want to speak but I am available for questions.
Randy	Kahl	Mount Horeb		Support	I do not want to speak but I am available for questions.
William	DeAtley	Mount Horeb	11846	Support	I do not want to speak but I am available for questions.
Robert	Strasburg	Marshall, WI	11847	Support	I do not want to speak but I am available for questions.
Brian	Korfmacher	Cottage Grove	11851	Support	I do not want to speak but I am available for questions.
Ed	Short	Belleville	11840, 11849, 11850	Support	I do not want to speak but I am available for questions.
Gregory	Clark	Edgerton	CUP 2565	Support	I do not want to speak but I am available for questions.
melissa	helbach	madison	Cup 2566	Support	Yes, I want to speak.
David	Huntsman	Madison	CUP 2566	Oppose	I do not want to speak but I am available for questions.
Thomas	Zilavy	Madison	CUP 2566	Oppose	No, I do not want to speak.
Bryanna	Bucholtz	Waukesha	CUP 2567	Support	I do not want to speak but I am available for questions.
william	buglass	msn	CUP 2567	Support	I do not want to speak but I am available for questions.
Ryan	Engelbrecht	New Glarus	CUP 2567	Neither	I do not want to speak but I am available for questions.
Ron	Hellenbrand	Verona	CUP 2567	Oppose	Yes, I want to speak.
Bill	Keen	Verona	CUP 2567	Oppose	Yes, I want to speak.
Bob	Postel`	Oregon	CUP 2567	Neither	I do not want to speak but I am available for questions.
Brian	Wallace	Waunakee	CUP 2567	Support	No, I do not want to speak.
Clint	Weninger	Waukesha	CUP 2567	Support	Yes, I want to speak.
Deana	Zentner	Brooklyn	CUP 2567	Neither	No, I do not want to speak.
Tracy	Fary	Madison	CUP 2568	Neither	I do not want to speak but I am available for questions.
Lydia	Hecht	cottage grove	CUP 2568	Support	No, I do not want to speak.
Rebecca	Katzenmeyer	Madison	CUP 2568	Support	Yes, I want to speak.
Eli	Katzenmeyer	Madison	CUP 2568	Support	No, I do not want to speak.
Cassie	Patterson	Madison	CUP 2568	Support	No, I do not want to speak.
Sarah	Wright	Madison	CUP 2568	Support	No, I do not want to speak.
Amy	Bexson	Madison	None	Neither	No, I do not want to speak.

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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.

DATE of Meeting: 6/28/22	Your Name: Marc Brody
	Your Mailing Address:
	Mt. Horeb, WI
	Your Phone #:
Zoning Petition/CUP#: 11830	Your Email Address:
	e your interest in addressing the ZLR Committee and, if frecommended conditions of approval on the proposal.
Wish to Speak in Support I Uno	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: 6/28/22	Your Name: Sharene Smith
31 <u>-31-2</u>	Your Mailing Address:
	Madison, WI 53718
	Your Phone #:
Zoning Petition/CUP#: 11836	Your Email Address:
	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 I De	o Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	
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	parameter and the second secon			
DATE of Meeting: 6/28/22	Your Name: Duane Swalheim			
	Your Mailing Address:			
	Cottage Grove, Wisconsin 53527			
	Your Phone #:			
Zoning Petition/CUP#: 11838	Your Email Address:			
	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 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:	Your Name: William Myhre			
	Your Mailing Address:			
**	Edgerton (Ul 53534			
	Your Phone #:			
Zoning Petition/CUP#: 11839	Your Email Address:			
Please check all appropriate boxes below to applicable, your acceptance of any town ar	o indicate your interest in addressing the ZLR Committee and, if nd/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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DATE of Meeting: 6/28/22	Your Name: Ed Short
	Your Mailing Address:
	Belleville, WI 53508
	Your Phone #:
Zoning Petition/CUP#: 11840	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	ry of any comments, concerns, or observations you would like
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DATE -CM4'		Your Name: Marcia Kasieta
DATE of Meeting:	6/28/22	
	1 - 1	Your Mailing Address:
		Verona, W1 53593
		Your Phone #:
Zoning Petition/CUP	#: 11842	Your Email Address:
	-	to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
Wish to Speak	k in Support	I Understand and Accept the Recommended Conditions
Wish to Regis	ster in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for	Information	
Please use the space be	elow to provide a brie	of 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:	6/28/2022	Your Name: Robert Kasieta
_		Your Mailing Address:
		Verona WI 53593
		Your Phone #:
Zoning Petition/CUP#	: 11842	Your Email Address:
		ate your interest in addressing the ZLR Committee and, if taff recommended conditions of approval on the proposal.
Wish to Speak i	n Support I U	Inderstand and Accept the Recommended Conditions
Wish to Registe	er in Support I D	Oo Not Understand and/or Accept the Recommended Conditions
Available for In	formation	
Please use the space belo	ow to provide a brief summa	ry of any comments, concerns, or observations you would like
to share with the ZLR C	ommittee regarding the prop	oosal.

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DATE of Meeting: 6/28/22	Your Name: Bob Riege
	Your Mailing Address:
	Deerfield, WI
	Your Phone #:
Zoning Petition/CUP#: 11843	Your Email Address:
	e your interest in addressing the ZLR Committee and, if ff recommended conditions of approval on the proposal.
Wish to Speak in Support ✓ I Un	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 propo	y of any comments, concerns, or observations you would like sal.

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DATE of Meeting: June 28, 2022	Your Name: Thomas Jelinek Your Mailing Address:		
	Cambridge, WI 53523		
	Your Phone #:		
Zoning Petition/CUP#: 11844	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.			
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	D 1 77 11	
DATE of Meeting: 6/27/22	Your Name: Randy Kahl	
	Your Mailing Address:	
	Mt Horeb, WI	
	Your Phone #:	
Zoning Petition/CUP#: 11845	Your Email Address:	
	your interest in addressing the ZLR Committee and, if recommended conditions of approval on the proposal.	
Wish to Speak in Support	erstand and Accept the Recommended Conditions	
Wish to Register in Support I Do N	Tot Understand and/or Accept the Recommended Conditions	
✓ Available for Information		
Please use the space below to provide a brief summary of	of any comments, concerns, or observations you would like	
to share with the ZLR Committee regarding the proposa	1.	

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DATE of Meeting: 6/28/22	Your Name: Bill Deatley
	Your Mailing Address:
	Mt Horeb, WI
	Your Phone #:
Zoning Petition/CUP#: 11846	Your Email Address:
	your interest in addressing the ZLR Committee and, if frecommended conditions of approval on the proposal.
Wish to Speak in Support	lerstand 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 al.
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DATE of Meeting: 6/28/22	Your Name: ROBERT & JULIE STRASBURG
	Your Mailing Address:
	MARSHALL, WI 53559
	Your Phone #:
Zoning Petition/CUP#: 11847	Your Email Address:
	e your interest in addressing the ZLR Committee and, if ff recommended conditions of approval on the proposal.
Wish to Speak in Support I Un	derstand 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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DATE of Meeting: 6/28/22	Your Name: Ed Short
	Your Mailing Address:
	Belleville, WI 53508
	Your Phone #:
Zoning Petition/CUP#: 11849	Your Email Address:
	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.

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DATE of Meeting: 6/28/22	Your Name: Ed Short
	Your Mailing Address:
	Belleville, WI 53508
	Your Phone #:
Zoning Petition/CUP#: 11850	Your Email Address:
	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	
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DATE of Meeting: 6/28/22	Your Name: Brian Korfmacher
	Your Mailing Address:
	Cottage Grove, WI 53527
	Your Phone #:
Zoning Petition/CUP#: 11851	Your Email Address:
	e your interest in addressing the ZLR Committee and, if if recommended conditions of approval on the proposal.
Wish to Speak in Support I Und	derstand 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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DATE of Meeting: 6/7/22	Your Name: Gregory A & Dawn M Clark
	Your Mailing Address:
	Edgerton, WI 53534
	Your Phone #:
Zoning Petition/CUP#: 02565	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	Inderstand and Accept the Recommended Conditions
✓ Wish to Register in Support I D	o Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	
Please use the space below to provide a brief summar	ry of any comments, concerns, or observations you would like
to share with the ZLR Committee regarding the prop	
Approved by the Town of Albion on June 7 2022 at conditions. You should be recieving a letter from Th	the 6:30 PM Planning Zoning Meeting based on the counties e Town of Albion shortly.

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Please submit completed forms by email at your earliest convenience.

DATE of Meeting: 6/28/22	Your Name: Casey & Melissa Helbach
	Your Mailing Address:
	Madison, WI
	Your Phone #:
Zoning Petition/CUP#: 2566	Your Email Address:
	e your interest in addressing the ZLR Committee and, if ff recommended conditions of approval on the proposal.
✓ Wish to Speak in Support ✓ I Un	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 propo	y of any comments, concerns, or observations you would like sal.

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;
- 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

#### REMOTE MEETING APPLICANT REGISTRATION FORM

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Please submit completed forms by email at your earliest convenience.

DATE of Meeting: 6/28/22	Your Name: Bill Buglass
	Your Mailing Address:
	Waukesha, WI 53187
	Your Phone #:
Zoning Petition/CUP#: 2567	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	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: 6/28/22	Your Name: Clint Weninger
	Your Mailing Address:
	Waukesha, WI 53187
	Your Phone #:
Zoning Petition/CUP#: 2567	Your Email Address:
	e your interest in addressing the ZLR Committee and, if frecommended conditions of approval on the proposal.
Wish to Speak in Support I Und	derstand 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.

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# REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee.

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Please submit completed forms by email at your earliest convenience.

DATE of Meeting: 6/28/22	Your Name: Ron Hellenbrand	
DATE of Meeting. 6/26/22	Your Mailing Address:	
	Verona	
	Your Phone #:	
Zoning Petition/CUP#: 2567	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.		
Ron will be calling into the meeting from the phone number listed above.		

#### REMOTE MEETING APPLICANT REGISTRATION FORM

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Please submit completed forms by email at your earliest convenience.

DATE of Meeting: 6/28/22	Your Name: Rebecca Katzenmeyer
	Your Mailing Address:
	Your Phone #:
Zoning Petition/CUP#: 2568	Your Email Address:
	te your interest in addressing the ZLR Committee and, if ff 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	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 propo	y of any comments, concerns, or observations you would like sal.
I am the applicant and owner of 4500 Rustic Drive. Sharon, who is listed on the agenda, is the previuos owner. I am here to answer any questions that you may have in regards to our proposal to expand Montessori offerings on the East Side of Madison.	

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

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### REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: 6/14/22	Your Name: William Stark	
	Your Mailing Address:	
	Madison Wi	
	Your Phone #:	
Zoning Petition/CUP#: 2568	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 sun proposal.	nmary of your comments and/or concerns regarding the	
My concern is a SAFETY CONCERN:		
from the South. Cars come around the curve and our 16 years across from this location our mailbo	re this property is located. It's somewhat of a blindspot of there have been accidents and many near accidents. In each taken out numerous times. (Neighbors id property) We are looking out for the safety of the ing up their children.	
This is a dangerous location for Daycare Center.		