REMOTE MEETING APPLICANT REGISTRATION FORM

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DATE of Meeting: July 28, 2020	Your Name: Linda Skaar
	Your Mailing Address: 1587 Schadel Rd.
	Deerfield, WI 53531
	Your Phone #: 608 807-8467
Zoning Petition/CUP#: 11567	Your Email Address: skaar00@gmail.com
	to 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.

We are not adding any homesites, we are simply looking to zone the buildings off from the farmland.		

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DATE of Meeting:	Your Name: Tom Henderson
	Your Mailing Address: 417 forest st
	Mt horeb wi 53572
	Your Phone #: 16086363979
Zoning Petition/CUP#: 11568	Your Email Address: Thomascropplus@gmail.com
	cate 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	

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DATE of Meeting: $J_{uly 28, 2020}$	Your Name: Mike Henderson
	Your Mailing Address: 2700 county rd J
	Verona Wi 53593
	Your Phone #: 16085169692
Zoning Petition/CUP#: 11568	Your Email Address: Syrianrue@icloud.com
	indicate your interest in addressing the ZLR Committee and, if I/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.

We have been in contact with Vicki Anderson town of Springdale clerk and will be proceeding to move the last density unit back across Highway J on to the farm at the next Springdale Township planning commission meeting August 24.

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DATE of Meeting: 7/19/10	Your Name: TESS WILLER
-110-10-	Your Mailing Address: 309 BIJE VIEW
	DR MIT HORSB
	Your Phone #: 608-712-4056
Zoning Petition/CUP#: 1568	Your Email Address: JESS MHB REMODELTING COM
Please check all appropriate boxes below t applicable, your acceptance of any town a	to 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 to share with the ZLR Committee regarding	summary of any comments, concerns, or observations you would like the proposal.
-	

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DATE of Meeting: July 28, 2020) Your Name: Brian Hen	ning
	Your Mailing Address	: 6563 County Rd TT
		Marshall, WI 53539
	Your Phone #: 715-570	0-4464
Zoning Petition/CUP#: 11569	Your Email Address:	orianchenning@gmail.com
	kes below to indicate your interest in address my town and/or staff recommended condition	8
Wish to Speak in Support	I Understand and Accept the R	ecommended Conditions
Wish to Register in Supp	ort I Do Not Understand and/or A	ccept the Recommended Conditions
Available for Information	1	

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: July	28, 2020		Your Name: Diane Rip	pp
			Your Mailing Address	: 6756 Old 113 Rd
				Dane, WI 53529
			Your Phone #: 608-57	6-4596
Zoning Petition/CUP#:	11570		Your Email Address:	
			e e e e e e e e e e e e e e e e e e e	sing the ZLR Committee and, if ons of approval on the proposal.
Wish to Speak in	n Support	IU	Inderstand and Accept the R	Recommended Conditions
Wish to Register	in Support	ID	o Not Understand and/or A	ccept the Recommended Conditions
✓ Available for Inf	formation			

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: July 28, 2020	Your Name: Dave Riesop
	Your Mailing Address: 306 W. Quarry Rd
	Deerfield WI 53531
	Your Phone #: 608-225-5864
Zoning Petition/CUP#: 11571	Your Email Address: wismapping@charter.net
	ow to indicate your interest in addressing the ZLR Committee and, if /n 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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DATE of Meeting: July 28, 2020	Your Name: Dan Hellenbrand	
	Your Mailing Address: 1238 Shenk Road	
	Marshall, WI 53559	
	Your Phone #: 608-444-1238	
Zoning Petition/CUP#: 11571	Your Email Address: dhellenbrand@auburnridge.co	
Please check the appropriate box(es) be	low 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	
Av	railable for Information	
Please use the space below to provide a brief s proposal.	summary of your comments and/or concerns regarding the	

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Gene Wilcenski
Address: 5422 Langer Rd
Marshall, WI 53559
e: 608-712-2835
ddress: gene@wilcenski.com
r position on the proposal.
Wish to Speak in Opposition
Wish to Register in Opposition
on nments and/or concerns regarding the
minents and of concerns regarding the
of the dead end road. It's the reason we ere which I feel is inappropriate and ed to live in a subdivision, I would

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DATE of Meeting: July 28, 2020	Your Name: Tom Mathies, Town of Verona Supervisor
	Your Mailing Address: 7669 County Highway PD
	Verona WI 53593
	Your Phone #: 608-848-6082
Zoning Petition/CUP#: 2020 RPT-505	Your Email Address: tmathies@town.verona.wi.us
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
Avai	lable for Information
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the
application of the Dane County Zoning Ordinan not eligible for renewal. As a condition of renew	of salvage recycling center licenses. As a straightforward nce it seems like the license for 1748 Spring Rose Road is wal the ordinance requires "that the business is being this ordinance." The staff report for this site describes an the boundaries of permitted areas."

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DATE of Meeting: May 26, 2020		Your Name: Ron Combs			
		Your Mailing Address:	109 W. Milwaukee St.		
			Janesville, Wisconsin		
		Your Phone #: 608-751	-6117		
Zoning Petition/CUP#: 1154	42	Your Email Address: r	combs@combssurvey.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 Su	pport I U	Inderstand and Accept the Re	ecommended Conditions		
Wish to Register in S	Support I I	Oo Not Understand and/or Ac	cept the Recommended Conditions		
Available for Inform	ation				

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DATE of Meeting: July 28, 2020	Your Name: Robin Hefty				
	Your Mailing Address: 7790 riverside rd				
	verona wi 53593				
	Your Phone #: 608-669-5920				
Zoning Petition/CUP#: 11556	Your Email Address: robinhefty@live.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	Do Not Understand and/or Accept the Recommended Conditions				
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DATE of Meeting: July 28, 2020		Your Name: Ronald R Klaas			
		Your Mailing Address:	7530 Westward Way		
			Madison, WI 53717		
		Your Phone #: 608-833	-7530		
Zoning Petition/CUP#:1	1556	Your Email Address:	klaas@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 U	Understand and Accept the Re	ecommended Conditions		
Wish to Register	in Support II	Do Not Understand and/or Ac	cept the Recommended Conditions		
Available for Info	ormation				

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