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. <u>Attach your completed form to an email and send to:</u> lane.roger@countyofdane.com.

DATE of Meeting: 4/27/21	Your Name: Tom Alar
· ',_',_'	Your Mailing Address: 3802 Gala Way
	Cottage Grove, WI
	Your Phone #: (608)444-8560
Zoning Petition/CUP#: 11668	Your Email Address: tomofcg@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	
Please use the space below to provide a brief summ to share with the ZLR Committee regarding the pro	ary of any comments, concerns, or observations you would like posal.

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Your Name: Adam Heinle
Your Mailing Address: 3796 Gala Way
Cottage Grove, Wi. 53527
Your Phone #: 608-692-6339
Your Email Address: aheinleradtech Dgmail-com
your interest in addressing the ZLR Committee and, if recommended conditions of approval on the proposal.
rstand and Accept the Recommended Conditions
ot Understand and/or Accept the Recommended Conditions
f any comments, concerns, or observations you would like

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DATE of Meeting: 4/27/21	Your Name: Robert Williamson
- "	Your Mailing Address: 5898 Woods Edge Road
	Fitchburg, WI 53711
	Your Phone #: 608-770-9162
Zoning Petition/CUP#: 11668	Your Email Address: robertwillie13@yahoo.com
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	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 summar 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: 4/27/21	Your Name: Jim Lowrey
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Your Mailing Address: 2316 Berge Hinny rd
	Cambridge Wi. 53523
	Your Phone #: 608-334-5376
Zoning Petition/CUP#: 11670	Your Email Address: jimsrealfarm.2yahoo.com
	ate your interest in addressing the ZLR Committee and, if taff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	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: 4-27-21	Your Name: Pete Sachs
	Your Mailing Address: 3285 Nelson Rd
	Your Phone #: 608 317-2470
Zoning Petition/CUP#: # 1/67/	Your Email Address: petes 57 c.gmail com
그림 이렇게 하다 뭐 하는 가지 않았다. 하라고 이 구름이 있는 것이 이렇게 하는 것이 없다고 있다.	ow to indicate your interest in addressing the ZLR Committee and, if on 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 to share with the ZLR Committee regard	orief summary of any comments, concerns, or observations you would like ing the proposal.

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Petitions without town action may also be included on a consent agenda and recommended for postponement

to a future meeting

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DATE of Meeting: 4/27/21	Your Name: James McFadden	
- "	Your Mailing Address: 380 W Washington Avenue	
	Suite A	
	Your Phone #: (608) 251-1350	
Zoning Petition/CUP#: 11672	Your Email Address: james@mcfadden.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	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	ry of any comments, concerns, or observations you would like osal.	
Clarify & expand on the operational narrative. A staff of six will recycle approximately 50 late model vehicles per month which will first be drained of fluids and then dismantled. All work be conducted in one of the two new buildings Components will either be refurbished, cataloged and stored in the second new building & made available for sale or sold as scrap for further processing off site. All removed fluids & components will be stored securely to prevent leakage, fire or other damage. At the request of the Town, the area available for temporary outdoor storage of intact (no leakage) vehicles awaiting processing is now limited to (2) of the property's (5.1) acres.		

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DATE of Meeting: 4/27/2021	Your Name: Anthony Kasper
4/27/2021	Your Mailing Address: 125 e. Silfer st.
	Portage, wi 53901
	Your Phone #: 608-742-7788
Zoning Petition/CUP#: 11673	Your Email Address: akasper@grothman.com
	to indicate your interest in addressing the ZLR Committee and, if 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 to share with the ZLR Committee regarding	f summary of any comments, concerns, or observations you would like the proposal.
221 20111111111111111111111111111111111	me prepasati

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DATE of Meeting: 4/27/21	Your Name: Kevin Campbell
	Your Mailing Address: 507 8th st new glarus wi 53574
	507 8th st new glarus wi 53574
	Your Phone #: 608-214-1613
Zoning Petition/CUP#: 11674	Your Email Address: kevincampbell50@gmail.com
	te 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 I Do	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the proportion	y of any comments, concerns, or observations you would like osal.

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DATE of Meeting: 4/27/21	Your Name: Andre and Laurie Fleuette	
	Your Mailing Address: 9085 Colby Rd	
	Mt Horeb, WI 53572	
	Your Phone #: 608-630-3038	
Zoning Petition/CUP#: 11674	Your Email Address: andresohc@tds.net	
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	
✓ Avail	lable for Information	
Please use the space below to provide a brief sur proposal.	mmary of your comments and/or concerns regarding the	

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DATE of Meeting: A so 1 2 7-16 2021	Your Name: Trevor Joseph Heffran Your Mailing Address: 245 Water 100 St
April 2114 2021	Your Mailing Address: 245 Water 100 St.
	Columbus, WI 53925
	Your Phone #: 920 988 -6335
Zoning Petition/CUP#: 116 76	Your Email Address: Treat Hethen @gouil.com
Please check all appropriate boxes below to indicate applicable, your acceptance of any town and/or staff	your interest in addressing the ZLR Committee and, if recommended conditions of approval on the proposal.
Wish to Speak in Support I Und	erstand and Accept the Recommended Conditions
Wish to Register in Support I Do	Not Understand and/or Accept the Recommended Conditions
Available for Information	
to share with the ZLR Committee regarding the proposition	of any comments, concerns, or observations you would like al.
We have been approar	ed with the town of Medina and
may have.	

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DATE of Meeting: 4/26/20	Your Name: Blake Ward	
	Your Mailing Address: S8085 Maple Park Ct.	
	Prairie du Sac, WI 53578	
	Your Phone #: 608-354-3110	
Zoning Petition/CUP#: 11676	Your Email Address: blakeward11@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.		
This is my family's farm, a place someday I will have a vested interest. I want to ensure the integrity of the property.		

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DATE of Meeting: 4/26/20	Your Name: Kris/Dennis Ward	
	Your Mailing Address: 207 Springview Drive	
	Marshall, WI 53559	
	Your Phone #: 608-698-4087	
Zoning Petition/CUP#: 11676	Your Email Address: krisser4@yahoo.com	
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	
✓ Available for Information		
Please use the space below to provide a brief surproposal.	mmary of your comments and/or concerns regarding the	
will cause with the operations of the crops. The required. It's actually a water run-off which we	ns regarding placment of the house and the effects it water is currently being called a pond. No life jacket are concerned will continue with the excavation and proper survey being done to verify the land division. verified.	

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DATE of Meeting: 4/27/21	Your Name: Dan Paulson, Paulson & Associates
,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Your Mailing Address: 136 W. Holum Street
	DeForest, WI 53532
	Your Phone #: 608-846-2523
Zoning Petition/CUP#: 11676	Your Email Address: Dan@PaulsonLLC.net
	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 I D	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the prope	ry of any comments, concerns, or observations you would like osal.
My client is creating a lot for his son.	

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DATE of Meeting: 4/20/21	Your Name: SHARON EDWARDS
	Your Mailing Address: 7226 PINE ROW
	VERONA WI 53593
	Your Phone #: 608-845-9390
Zoning Petition/CUP#: 11677	Your Email Address: shartaxlady@tds.net
	tte 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	
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DATE of Meeting: April 21,7071	Your Name: BETH KAMACKER Your Mailing Address: 705 HILLOKLE LAKE	
	Scow 6470M WI 53589	
	Your Phone #: 60%. 270. 3055	
Zoning Petition/CUP#: 11678	Your Email Address: beth & thysse. com	
	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		
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: April 27, 2021	Your Name: Douglas King
- · · · · · · · · · · · · · · · · · · ·	Your Mailing Address: 991 Perry Center Road
	Mount Horeb WI 53572
	Your Phone #: 608-832-6455
Zoning Petition/CUP#: 11681	Your Email Address: dougmargie@tds.net
	ate 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	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the proportion	ry of any comments, concerns, or observations you would like
to share with the 221t committee regarding in France	
Dane County and Town of Perry staff were very help When I encountered problems and issues, they provid and timely. I appreciated their assistance and they re	gh the rezoning process was complicated for me to follow, oful to me and made the process much easier to complete. ded advice and made suggestions that were informative, clear expresent the County and the Town very well. Thank you to the need with me to complete the rezoning application, Roger tephanic Zwettler and Mary Price.

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DATE of Meeting: 4/27/21	Your Name: Adam Carrico	
	Your Mailing Address: 1926 N Kollath Rd	
	Verona, WI 53593	
	Your Phone #: 608-832-6352	
Zoning Petition/CUP#: 11682	Your Email Address: adam@carricoengineering.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	
✓ Avail	lable for Information	
Please use the space below to provide a brief sur proposal.	nmary of your comments and/or concerns regarding the	
I am the engineer and consultant for the project and will be in attendance and available for any questions. Thank you		

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DATE of Meeting: 4/27/20	Your Name: Bret Saalsaa	
- "	Your Mailing Address: 7935 Almor Dr	
	Verona WI 53593	
	Your Phone #: 608-576-6136	
Zoning Petition/CUP#: 11682	Your Email Address: bretsaalsaa@aol.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	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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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. <u>Attach your completed form to an email and send to:</u> lane.roger@countyofdane.com.

DATE of Meeting: 4/27/21	Your Name: Noa Prieve
· '//	Your Mailing Address: 104 A West Main Street
	Waunakee, WI 53597
	Your Phone #: 608-712-3196 cell
Zoning Petition/CUP#: 11682	Your Email Address: noa@williamsonsurveying.com
	te your interest in addressing the ZLR Committee and, if off recommended conditions of approval on the proposal.
Wish to Speak in Support I Ur	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 summar to share with the ZLR Committee regarding the proportion	y of any comments, concerns, or observations you would like osal.
Land surveyor for the subdivision	

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DATE of Meeting: 4/27/21	Your Name: Andrew Grapa
HEIL	Your Mailing Address: 6468 Forest Park Dr.
	Deforest, WI 53532
	Your Phone #: 608-628-5466
Zoning Petition/CUP#: 11683	Your Email Address: apgrapa@uwalumni.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 to share with the ZLR Committee regarding t	summary of any comments, concerns, or observations you would like the proposal.
I am one of the owners of this project represe for information if needed.	enting Waunakee Veterinary Service and AGKS, LLC. I am available

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DATE of Meeting: 4/27/21	Your Name: Filip Sanna
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Your Mailing Address: PO Box 576
	New Glarus, WI 53574
	Your Phone #: 608-636-6222
Zoning Petition/CUP#: 11684	Your Email Address: filsanna@yahoo.com
	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: 04/27/2021	Your Name: BRETT & TIFFANY SKAAR
-	Your Mailing Address: 2453 W STAR RD
	COTTAGE GROVE, WI 53527
	Your Phone #: 608-513-8574
Zoning Petition/CUP#: 11685	Your Email Address: brettskaar@yahoo.com
	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	ry of any comments, concerns, or observations you would like losal.

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DANE COUNTY ZONING & LAND REGULATION COMMITTEE.

REMOTE MEETING APPLICANT REGISTRATION FORM

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Please submit completed forms by entail at your earliest convenience. Attach your completed form to an email and send to have regerificeupty of large com-

DATE of Meeting: 4/27/2021

Your Name: DEAN ZUBKE

Your Mailing Address: 4741 HWY89 WATERLOW, WIS 53574

Your Phone #: 608 678 0127

Zoning Petition/CUP#: / 1656

Your Email Address: PMZUBKE O YA HOO. 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

X I Understand and Accept the Recommended Conditions

Wish to Register in Support

I Do Not Understand and/or Accept the Recommended Conditions

X 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.

BE ABLE TO BUILD A HOUSE ON THE 5 ACRES

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titions without town action may also be included on a consent agenda and recommended for postponement

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DATE of Meeting: 4/27/2021	Your Name: Carolyn Mognihan - Bradt
	Your Mailing Address: 8283 N. Riley Rd.
	Virona, W1 53593
	Your Phone #: (608) 692-1614
Zoning Petition/CUP#: 25/6	Your Email Address: mbk @ chorus net
	ow to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	X I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
X Available for Information	
Please use the space below to provide a bette share with the ZLR Committee regards	orief summary of any comments, concerns, or observations you would like any the proposal.

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DATE of Meeting: 4/27/21	Your Name: Melanie Lee	
	Your Mailing Address: 8275 N. Riley Road	
	Your Phone #: 608-576-0866	
Zoning Petition/CUP#: CUP 02516	Your Email Address: mlee@reinhartlaw.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 sur proposal.	mmary of your comments and/or concerns regarding the	
opportunities for this property as it does not alignous on the street. Further, this property shares a polocated on our property. We request that a conditional conditions are supported by the street of the street	neighbors, we do not support increasing the rental gn with the uses of all of the other single family homes and with our property and sources its water via a well dition to the CUP, if granted, be that the Owner must dequate liability insurance that doesn't have an exclusion	

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DATE of Meeting: 4/27/21	Your Name: Trever Otto	
	Your Mailing Address: 1371 State Road 92	
	Verona WI 53593	
	Your Phone #: 920-740-6495	
Zoning Petition/CUP#: 2517	Your Email Address: trever.otto@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.

We have worked closely with the Wisconsin Bureau of Aeronautics in regards to this proposed landing area. The landing strip is being placed on a piece of FP35 land which allows for a landing strip per Dane County zoning. The land will not be modified; this is planned to be a grass landing strip, and has the ability to be converted back to a farm field at any point. I have talked to and worked closely with our neighbors to make sure they are all on board with the operations plan, and have included a signed document from our neighbors. We have received the Bureau of Aeronautics approval as well as the FAA's recommendation to proceed with the landing strip. We have the recommendation from all five township planning committee members to move forward, and are waiting on the final vote from the township board that will happen on May 3rd. Please see attachment for proposed conditions.

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DATE of Meeting: 4/27/21	Your Name: Brett Daggett	
	Your Mailing Address: 1196 County Rd. B	
	Cambridge, WI 53523	
	Your Phone #: 608-215-2821	
Zoning Petition/CUP#: 2509	Your Email Address: daggettbrett@gmail.com	
Please check the appropriate box(es) belo	ow 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	
	mmary of your comments and/or concerns regarding the	
	of CUP 2509, to amend location of the driveway.	
At the town board and zoning meetings, the prodriveway at least. This is what our township app	until the township can take action on this new proposal. posed access was on a "old town road" or an old proved. The new proposed driveway will take more land sal and our township needs a say, especially with a newly	
-my understanding is this would be a class 2 no	tarry access and the only people affect are the owners. tification for the meeting agenda, was proper notice f that is the case, there is no way there was a 14 day ce each week for consecutive weeks)	

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	Your Name: Carie Nelson
DATE of Meeting: 4/27/20	
	Your Mailing Address: 2107 Utica Rd
	Cambridge, WI 53523
	Your Phone #: 608-444-7835
Zoning Petition/CUP#: 2509	Your Email Address: nlsn30@gmail.com
Please check the appropriate box(es) belo	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
vote before being "reconsidered" by Dane Count to location of driveway for CUP 2509. I have be previous meetings. I talked to Dane County Higmeet the standards. But, a "site inspection" wor bypass lane or room for a bypass lane. 55 mph approach heavy vehicles turning. Somehow the approval was then reversed because of saftey contains.	ation without going through Township of Christiana for aty Zoning. No residents have been notified of changes rought up the danger of this driveway entrance at ghway. I was told based on the map it doesn't appear to ald need to take place before any approval. There is no traffic coming off of a sweeping curve that would a driveway got approved by Dane County Highway, the oncerns. Now approved at the direction of moving the this now end up at Dane County Zoing? How is this

being done without going through the CUP Application Process and without going back to the Township of Christiana for approval? How can driveway be changed on an already approved CUP? What is Reconsideration? What is difference on the driveway that is being moved vs the original

driveway they proposed?