# 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> <u>lane.roger@countyofdane.com</u>.

DATE of Meeting: 5/11/21	Your Name: Jeff Furseth
	Your Mailing Address: 353 Haugen Rd
	Edgerton Wi. 53534
	Your Phone #: 608-695-8050
Zoning Petition/CUP#:2509	Your Email Address: dispatch@halversoncompanies
	licate your interest in addressing the ZLR Committee and, if r 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 sum	mary of any comments, concerns, or observations you would like

Please use the space below to provide a brief summary of any comments, concerns, or observation 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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To be eligible for inclusion on a consent agenda, there must be:

- 1. No public opposition to the proposal;
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#### **REMOTE MEETING PUBLIC REGISTRATION FORM**

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DATE of Meeting: 5/11/21	Your Name: Brett Daggett
	Your Mailing Address: 1196 County Rd. B
	Cambridge, WI 53523
	<b>Your Phone #:</b> 608-215-2821
Zoning Petition/CUP#:2509	Your Email Address: daggettbrett@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 surproposal.	mmary of your comments and/or concerns regarding the
In reference to 2021 ACT-003 Reconsideration	of CUP 2509, to amend location of the driveway.
My neighbors and I feel this needs to be tabled until the township can take action on this new proposal. At the town board and zoning meetings, the proposed access was on a "old town road" or an old driveway at least. This is what our township approved. The new proposed driveway will take more land out of farmland preservation for this cup proposal and our township needs a say, especially with a newly elected town chair.	
-East Church is a better option with a current qu -I also have other new concerns with this access	arry access and the only people affect are the owners.

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DATE of Meeting: May 1144 2021	Your Name: Trevor J Hoffron Your Mailing Address: 245 Waterloo St.
	Your Phone #: 920988-6335
Zoning Petition/CUP#: 11676	Your Email Address: Trever Hetter Ognand, com
	e your interest in addressing the ZLR Committee and, if ff recommended conditions of approval on the proposal.
Wish to Speak in Support	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	of any comments, concerns, or observations you would like

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Patitions without town action may also he included on a consent arenda and recommended for northonement

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DATE of Meeting: 5/11/21	Your Name: Adam Carrico
	Your Mailing Address: 1926 N Kollath Rd
	Verona, WI 53593
	<b>Your Phone #:</b> 608-832-6352
Zoning Petition/CUP#: 11682	Your Email Address: adam@carricoengineering.con
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	o Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	
* *	ry of any comments, concerns, or observations you would like
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	

We accept the Town's conditions for additional front setbacks, installation of a trail in the Outlot, screening, maintenance agreement and building height limitations.

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DATE of Meeting: 5/11/21	Your Name: Bret Saalsaa
	Your Mailing Address: 7935 Almor Dr
	Verona WI 53593
	<b>Your Phone #:</b> 608-576-6136
Zoning Petition/CUP#: 11682	Your Email Address: bretsaalsaa@aol.com
	ndicate your interest in addressing the ZLR Committee and, if /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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Please use the space below to provide a brief su	mmary of any comments concerns, or observations you would like

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We have increased the setbacks to a minium of 100 feet	

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DATE of Meeting: 5/11/21	Your Name: Noa Prieve	
	Your Mailing Address: 104 a West Main Street	
	Waunakee, WI 53597	
	<b>Your Phone #:</b> 608-712-3196	
Zoning Petition/CUP#: 11682	Your Email Address: noa@williamsonsurveying.cor	
	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: 5/11/21	Your Name: Christen Otto
	Your Mailing Address: 1371 State Road 92
	Verona, WI 53593
	<b>Your Phone #:</b> 920-740-6879
Zoning Petition/CUP#: 2517	Your Email Address: christen.otto3@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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DATE of Meeting: 5/11/21	Your Name: Trever Otto
	Your Mailing Address:
	<b>Your Phone #:</b> 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
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