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:	Your Name: Todd Meinholz
	Your Mailing Address: 9618 Watts Rd # 302
	Verona, W1 53593
	Your Phone #: 608. 358. 2269
Zoning Petition/CUP#: 11687	Your Email Address: Madison. campus. New to San gmail. con
	gmail.com 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 b 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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DATE of Meeting: 05/25/2021	Your Name: Gary Damaschke
	Your Mailing Address: 5140 Mickelson Road
	Black Earth, WI 53515
	Your Phone #: 608-767-2713
Zoning Petition/CUP#: 11688	Your Email Address: garydamaschke@yahoo.com
** *	cate your interest in addressing the ZLR Committee and, if 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
Available for Information	
Diagonize the space below to provide a brief summ	normy of any comments, concerns, or observations you would like

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Please submit completed forms by email at your earliest convenience. Attach your completed form to an email and send to: lane.roger@countyofdane.com.

Your Name: Chuck Bongard

DATE of Meeting:

Your Mailing Address: N1177 Steckelberg Dr. Prairie du Sac, WI 53578

Zoning

Your Phone #: 608 963 7411

Your Email Address: cbongard@msa-ps.com

Petition/CUP#: 11689

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. X I Understand and Accept the Recommended

Wish to Speak in Support	Ĩ
	Conditions
X Wish to Register in Support	I Do Not Understand and/or Accept the
X Available for Information	Recommended Conditions

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. The Haas's have a easement prepared to meet the conditions in the Staff Report and will record upon approval of the Certified Survey Map. This is a hardship condition due to the rising lake level and is the solution to salvaging their' home site.

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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: 5/25/21	Your Name: Tara Pearson
	Your Mailing Address: 343 Lake Kegonsa Rd.
	Oregon, WI 53575
	Your Phone #: 608-212-081
Zoning Petition/CUP#: 11690	Your Email Address: tara@wiscompany.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	Do 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.

We are still awaiting the Town of Rutlands actions. Along with additional information we are working on providing.

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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: 5/25/21	Your Name: Steve Suter	
	Your Mailing Address: 343 Lake Kegonsa Rd.	
	Oregon, WI 53575	
	Your Phone #: 608-628-3548	
Zoning Petition/CUP#: 11690	Your Email Address: suterwalt@gmail.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: 5/25/21	Your Name: Adam Carrico
	Your Mailing Address: 1926 N Kollath Rd
	Verona, WI 53593
	Your Phone #: 608-832-6352
Zoning Petition/CUP#: 11691	Your Email Address: adam@carricoengineering.con
	dicate 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
✓ 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 ask the ZLR committee to approve the rezone petition based on what the Town of Springdale has asked for & approved. When we first started this process, I contacted the Town about how these lots could look. We were granted 3 total development rights for the property & plan to create 3 buildable lots. My assumption, having worked with others on land divisions, was to create a 4-lot CSM where the 3 buildable lots would be smaller in size and the remainder parcel(s) would be left in AT-35 and not include development rights. However, this is not how the Town prefers to divide & rezone land within the Town of Springdale. Their position is to have each parcel/lot with a development right & therefore had me draw the large lot (Lot 3) as one contiguous parcel that is deed restricted for no further development. I request approval based on how the Town of Springdale has approved the approved the approved the approved to the total development.

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DATE of Meeting: 5/25/21	Your Name: Brent Conwell
	Your Mailing Address: 782 Lois Dr
	Sun Prairie, WI 53590
	Your Phone #: 608-354-9428
Zoning Petition/CUP#: 11692	Your Email Address: bconwell@capitolunderground
	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	

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DATE of Meeting: 5/25/21	Your Name: Gordon Morauske	
	Your Mailing Address: 782 Lois Dr	
	Sun Prairie, WI 53590	
	Your Phone #: 608-575-8330	
Zoning Petition/CUP#: 11692	Your Email Address: gmorauske@capitolundergrou	
	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		

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DATE of Meeting: 5/25/21	Your Name: Karen Carlock	
	Your Mailing Address: 4374 State Road 78	
	Black Earth, WI 53515	
	Your Phone #: 773-682-8599	
Zoning Petition/CUP#: 11693	Your Email Address: karen.carlock@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	
X 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.	

We would prefer to reache the 9.27 acres to RM-8 instead of having two separate CSMS.

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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.

Your Name: Karen Carlock
Your Mailing Address: 4374 State Road 78
Black Earth, WI 53515
Your Phone #: 773-682-8599
Your Email Address: karen.carlock@gmail.com
 adicate your interest in addressing the ZLR Committee and, if or staff recommended conditions of approval on the proposal. I Understand and Accept the Recommended Conditions I Do Not Understand and/or Accept the Recommended Conditions
mmary of any comments, concerns, or observations you would like

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DATE of Meeting: 5/25/21	Your Name: William Schmid
	Your Mailing Address: 2109 Schmid Ln
	Verona Wi 53593
	Your Phone #: 608-845-8030
Zoning Petition/CUP#: 11695	Your Email Address: schmidln@tds.net
	indicate 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
Available for Information	

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DATE of Meeting: 5/17/21	Your Name: Paul Spetz	
	Your Mailing Address: 450 N. Baldwin Street	
	Madison, WI 53703	
	Your Phone #: 608-209-0302	
Zoning Petition/CUP#: 11695	Your Email Address: isthmussurveying@sbcglobal	
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	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 bosal.	

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Representative Surveyor and can answer any technical questions that the homeowner cannot.

4. Applicant acknowledgment and acceptance of any recommended conditions

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DATE of Meeting: 5/25/21	Your Name: Jeff Kraemer	
	Your Mailing Address: 506 Springdale Street	
	Mount Horeb, WI 53572	
	Your Phone #: 608-575-5783	
Zoning Petition/CUP#: 11696	Your Email Address: jeff@heartlandecological.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.	

I am leading the wetland and waterway permitting for this project, and am available for questions.

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DATE of Meeting:	Your Name: DAVE OLESCZUK
5/25/21	Your Mailing Address: 5000 N. Sharman Ave
	Modison, WI 53704
	Your Phone #: 608-707-070(
Zoning Petition/CUP#: 11696	Your Email Address: DOLESCZUK@Cherokencountryelub,
	NRF 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.

This project will provide significant Environmental Improvements to The Impo and wetlands Around Cherokee Country Club. The project and its planned in provements will not only beautif the people in and Around Cherokee, but will also benefit The City of Madison, Dank County and the State of Wisconsid.

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DATE of Meeting:	Your Name: DENNIS TIRIANI
	Your Mailing Address: 5000 N. Shaman Ave
5/25/21	MADISON, WE 53704
	Your Phone #: 608-249-1000
Zoning Petition/CUP#: 11696	Your Email Address: DTizimi @ Chero Kercountry club
	אצר 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.

This project will provide significant Environmental improvements to the land and wetlands Around Cherokee Country Club. The project and its plannes improvements will not only benefit the people in and Around Cherokee, but will Also benefit The City of Madison, Dawe County and the State of Wisconsin.

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DATE of Meeting: 5/18/21	Your Name: Town of Medina Board of Supervisors	
	Your Mailing Address: 634 State Hwy 19, PO Box 37	
	Marshall, WI 53559	
	Your Phone #: 608-219-3556	
Zoning Petition/CUP#: 11697/2519	Your Email Address: clerk@townofmedina.org	
	icate your interest in addressing the ZLR Committee and, if staff recommended conditions of approval on the proposal.	
$\checkmark Wish to Speak in Support \qquad \checkmark I$	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	nary of any comments, concerns, or observations you would like	

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See Application		

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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: 5/25/21	Your Name: Tara Pearson	
	Your Mailing Address: 343 Lake Kegonsa Rd.	
	Oregon, WI 53575	
	Your Phone #: 608-212-0081	
Zoning Petition/CUP#:2518	Your Email Address: tara@wiscompany.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 brid	ef summary of any comments, concerns, or observations you would like	

to share with the ZLR Committee regarding the proposal.

We are still awaiting the Town of Rutland recommendations and are still working on providing additional information requested.

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;
- 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: 5/25/21	Your Name: Steve Suter
	Your Mailing Address: 343 Lake Kegonsa Rd.
	Oregon, WI 53575
	Your Phone #: 608-628-3548
Zoning Petition/CUP#:2518	Your Email Address: suterwalt@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

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DATE of Meeting: 5/18/21	Your Name: Town of Medina Board of Supervisors	
	Your Mailing Address: 634 State Hwy 19, PO Box 37	
	Marshall, WI 53559	
	Your Phone #: 608-219-3556	
Zoning Petition/CUP#: 11697/2519	Your Email Address: clerk@townofmedina.org	
	icate your interest in addressing the ZLR Committee and, if staff recommended conditions of approval on the proposal.	
$\checkmark Wish to Speak in Support \qquad \checkmark I$	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	nary of any comments, concerns, or observations you would like	

to share with the ZLR Committee regarding the proposal.

See Application		

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

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