WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE
PLANNING AND ZONING DIVISION
515 W. Moreland Blvd. Room AC 230
WAUKESHA, WI 53188
(262) 548-7790
Website: www.waukeshacounty.gov

PETITION FOR CONDITIONAL USE

Fee Pd._____ Receipt No._____ Received by_____
Petition No._____ Permit No._____ Date Issued_____

Owner/Applicant:_____ Agent: _____

_____ _____

_____ _____

Daytime phone no.(_____)_____ Daytime Phone No.(_____)_____

Petition is hereby made on this date,_____, for a **CONDITIONAL USE PERMIT** on property located in the Town of _____, Section_____,

Tax Key No._____, and which has the following legal description:

_____

_____

Address of subject property:_____

Said **CONDITIONAL USE PERMIT** to provide for the use of the property and/or buildings in the following described manner (Give a detailed description of the proposed use. Attach additional pages, if necessary.):

_____

_____

_____

Property is presently zoned as _____

Property is presently used as _____

The following information must be submitted with this application:

1. Three (3) copies of an accurate site plan/map or plat of survey (preferred) drawn **to scale**, showing the land in question, its location, length, and direction of each boundary thereof, the location and existing use of all buildings thereon, and the principal use of the property.

2. Any supplemental information deemed necessary for a reasonable understanding of the proposed conditional use, e.g., cross sections, elevations, topographical information, etc.

3. A filing fee payable to the Waukesha County Department of Parks and Land Use (inquire as to the current fee amount).

Note: Review of this application may include a site inspection.

The undersigned petitioner/owner hereby certifies that all of the above statements, information and attachments contained herein (site plan/survey, plans, exhibits, etc.) are true and accurate to the best of his or her knowledge and belief.

Signature of Agent_____ Date of Filing_____

Signature of Owner/Applicant_____ Date of Filing_____