PETITION TO AMEND THE MAP OF THE COUNTY ZONING CODE and/or
THE COUNTY SHORELAND AND FLOODLAND PROTECTION ORDINANCE

Fee Pd. $ _______  Receipt No. _______  Appl received by ________  Petition No. __________

HONORABLE BOARD OF SUPERVISORS/COMMON COUNCIL/BOARD OF TRUSTEES IN
THE TOWN/CITY/VILLAGE OF__________________ WAUKESHA COUNTY, WISCONSIN:

I/We, the undersigned, owner(s) of the property described below, located in the Town/City/Village of
__________________  do hereby petition to amend the MAP of the County
Zoning Code and/or the County Shoreland and Floodland Protection Ordinance on this
date,________________________, in the following manner:

Existing Zoning Classification(s): ________________________________________________________

Proposed Zoning Classification(s): ________________________________________________________

Existing Use(s) of the subject property: ____________________________________________________

Proposed Use(s) of the subject property: ____________________________________________________

Tax Key No(s). _______________________________________________________________________

Address of subject premises:_____________________________________________________________

Legal Description of the subject property: __________________________________________________

___________________________________________________________________________________

Reasons/Conditions which justify a change in the zoning (attach additional pages, if necessary):

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Owner:__________________________ Applicant: __________________________

__________________________   ____________________________________

__________________________   ____________________________________

Daytime Phone No.(_____)___________ Daytime Phone No.(_____)_____________

Email address and/or fax number if you would like a copy of the staff report forwarded to you
prior to the (Co. Park and Planning Commission) meeting:_______________________________

The following information must be submitted with this application:

1. Three (3) copies of a detailed and accurate site plan/map or plat of survey (preferred) drawn TO SCALE,
   showing the location of the proposed zoning district boundaries, the location and use of the buildings on the subject
   property, and the use of all properties within 300 feet of the subject property.

2. 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 owner hereby certifies that all of the above statements, information and attachments contained
herein are true and accurate to the best of his or her knowledge and belief. By signing this form, the owner or
his/her authorized agent is giving their consent for the Dept. of Parks and Land Use to inspect the site as necessary
and related to this application even if the property has been posted against trespassing pursuant to Wis. Stat.

Signature of Owner________________________________  Date of Filing____________

Signature of Applicant________________________________  Date of Filing____________