

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE  
PLANNING AND ZONING DIVISION  
515 W. Moreland Blvd. Room AC230  
WAUKESHA, WISCONSIN 53188  
(262) 548-7790

Email [pod@waukeshacounty.gov](mailto:pod@waukeshacounty.gov) Website [www.waukeshacounty.gov/planningandzoning](http://www.waukeshacounty.gov/planningandzoning)

**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 \_\_\_\_\_