

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE
PLANNING AND ZONING DIVISION
515 W. Moreland Blvd. Room AC230
Waukesha, Wisconsin 53188
Phone (262) 548-7790 Fax (262) 896-8071

Email pod@waukeshacounty.gov Website www.waukeshacounty.gov/planningandzoning

**REQUEST TO AMEND THE COMPREHENSIVE DEVELOPMENT PLAN
FOR WAUKESHA COUNTY**

Fee Pd. \$ _____ Receipt No. _____ Appl recvd by _____

THIS REQUEST MUST BE ACCOMPANIED BY A FILING FEE AND A SCALED MAP, SURVEY, SITE PLAN OR OTHER SIMILAR MEANS OF DEPICTING THE SUBJECT PROPERTY.

Name of Municipality _____ Town _____ City _____ Village _____

Tax Key No(s). of the subject property:

Legal Description of the subject property:

Address of subject premises: _____

Existing Land Use category as designated on the Comprehensive Development Plan (CDP) map

Amendment requested (e.g., which Land Use category is being proposed?)

How much acreage is to be amended to the new Land Use category? _____

Is the amendment within the jurisdiction of a community (locally) adopted Land Use Plan? _____ Y _____ N

If yes, what community? _____

Is the amendment within the jurisdiction of a community adopted Extra-territorial Plan? _____ Y _____ N

If yes, what community? _____

Is the amendment within an adopted Sewer Service Area? _____ Y _____ N

If yes, is sewer available to the subject property? _____ Y _____ N

Existing Land Use(s) _____

Proposed Land Use(s) _____

Reasons/Conditions that justify the requested amendment to the CDP (attached addl pages, if necessary):

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: _____

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.

Owner _____

Applicant _____

Address _____

Address _____

Daytime Phone No. _____

Daytime Phone No. _____

Signature of Owner

Signature of Applicant (if different)

Date: _____

Date: _____