

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE
PLANNING AND ZONING DIVISION

515 W. Moreland Blvd. Administration Center Room AC230

Waukesha, Wisconsin 53188

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

Fee Pd. \$ _____ ATF Y/N: _____ Receipt No. _____ Misc. File No. _____

BOA No. _____ PO No. _____ CU No. _____ ZP Appl. No. _____ RZ No. _____ Plat/CSM No. _____

MISCELLANEOUS ITEMS REQUIRING PARK AND PLANNING COMMISSION ACTION

The following has been filed with this office for consideration by the Park and Planning Commission. I/we have submitted pertinent data as necessary (attached) and the appropriate fee has been paid, if required. Please inform me/us as to the Commission's action.

Owner: _____ Applicant (if different): _____

Mailing Address: _____ Mailing Address: _____

Daytime Phone No. (_____) _____ Daytime Phone No. (_____) _____

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

Town _____ Section(s) _____ Zoning District(s) _____ Tax Key No(s). _____

Address of Premises: _____

Legal Description (from survey) _____

Waivers from the Waukesha County Shoreland and Floodland Subdivision Control Ordinance

- Cul-de-sac length
- Remnant parcel not shown on the CSM/Plat
- Other (list) _____

Actions required by the Waukesha County Shoreland and Floodland Protection Ordinance/Waukesha County Zoning Code

- Lot not abutting a public road
- Retaining wall less than 5 feet from a lot line
- Accessory building w/o a principal structure
- More than two residences/lots on a private road
- Reconsideration of condition(s)
- Other (list) _____

Miscellaneous actions (no fee required)

- Road right of way width reduction
- Private road determination
- Street or alley vacation
- Other (list) _____

The undersigned owner hereby certifies that all of the data, information, and attachments contained herein (site plan/survey, building plans, exhibits, documents, etc.) 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 Signature: _____ Date: _____

Applicant Signature: _____ Date: _____