



Planning and Parks Department

Jamie Ludovic, Director of Community

Development & Communications

Debora Sielski, Deputy Director Planning and Parks

Public Agency Center
333 E. Washington Street, Suite 2300
P.O. Box 2003
West Bend, WI 53095-2003
(262) 335-4445
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webplan@co.washington.wi.us
www.co.washington.wi.us/PPD

#1 - APPLICATION FOR AMENDMENT TO THE MULTI-JURISDICTIONAL COMPREHENSIVE PLAN FOR WASHINGTON COUNTY: 2050

LAND USE MAP AMENDMENT DUE TO SUBDIVISION PLAT REQUEST

Please be very specific in your answers; type or print clearly. Review the entire application.

1. Applicant/owner requesting comprehensive plan amendment due to land division:

- a) Name of Applicant _____
- b) Home/Business Address/Phone of Applicant
_____ Work Phone () _____
_____ Home Phone () _____
- c) Name of Owner(s) of property (if different from above)
_____ Work Phone () _____
_____ Home Phone () _____
- d) Owner(s) mailing address(es) _____
House No. or Fire No. City State Zip
- e) Address(es) of property involved _____
House No. or Fire No. City State Zip
- f) Tax Parcel
Number(s) _____

2. Has a City/Village/Town adopted this amendment by ordinance? (Please attach a copy of the local ordinance approving the plan amendment.)

3. Information on property(ies) involved:

Lot _____ Block _____ Subdivision or CSM # _____

Location _____ 1/4, _____ 1/4, Section _____, Municipality _____

Parcel size: _____ sq. ft. or _____ acres

(over)

Current County Land Use Map Designation _____

Proposed County Land Use Map Designation _____

Date of any previous public hearings concerning this property _____

4. Analysis of Proposed Amendment:

- a. Explain how the proposed amendment is consistent with the goals, objectives, policies and programs of the Multi-Jurisdictional Comprehensive Plan for Washington County: 2050:

5. The following items must accompany this application: (Submit 3 hardcopies to the Planning and Parks Dept. or electronically to Deb.Sielski@washcowisco.gov)

- a) Submit a plat of survey or plot plan (if applicable) of the property to be redesignated, drawn to scale or submittal of GIS/CAD files, showing:
 - a. Existing Land Use and Surrounding Land Use(s)
 - b. Shoreland, wetland, floodplain areas, rivers, streams, lakes, forested areas
 - c. Primary Environmental Corridors and Isolated Natural Resource Areas
- b) Full legal description of property(ies):
- c) A copy of the local ordinance approving the plan amendment in the local comprehensive plan
- d) Payment of \$350 fee for amendment process (Fees may change annually.)

More information may be requested by the Washington County Planning and Parks Department if deemed necessary to properly evaluate your request.

6. Please note:

- a. Either the applicant or applicant’s representative must be present at the Land Use and Planning Committee meeting to answer additional questions.
- b. Applicants will be notified of public hearing and meeting date.
- c. Contact the Planning and Parks Department about zoning and/or sanitary permits which may be required.
- d. Incomplete applications will not be accepted.

- e. All legal descriptions, plans, and supporting information must be submitted with the application. It is important to check the application form and information check list for the type of information that may need to be included with the application.
- f. Please be aware that there is a separate plat review process and fee required as outlined in the Washington County Code of Ordinances, Chapter 257- Land Divisions.
- g. Please be aware that Comprehensive Plan Amendment Applications may take up to 4 months to process and receive County Board approval.

I certify that the foregoing statements and information on attached maps, plans and other exhibits are true and correct to the best of my knowledge.

Signature of applicant _____ Date _____

Submit this form at the Washington County Planning and Parks Department
 Washington County Planning and Parks Department
 333 East Washington Street
 Suite 2300
 P. O. Box 2003
 West Bend, WI 53095-2003
 Phone: (262) 335-4445

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DEPARTMENT USE ONLY

Individual Reviewing Application _____ **Date** _____

Fees Paid \$ _____ **Date Paid** _____ **Received By:** _____

Proposed Amendment # _____

Receipt # _____

Comments:

Rev: 11/2/2020