



# CALUMET COUNTY MAP AMENDMENT/TEXT AMENDMENT PETITION

### PART A: Property Information

Does this affect a specific property?

- Yes     No

Affected Tax Location I.D. \_\_\_\_\_

Town of: \_\_\_\_\_

If a map amendment request, is it requested the entire parcel be amended?

- Yes     No     NA

*(If only a portion of the property is to be amended it is necessary a legal description of the area to be amended be submitted with this petition.)*

Current density: \_\_\_\_\_

Lot size (ac./sq. ft.): \_\_\_\_\_

*Attach a copy of the survey, if available*

### PART B: Petition

If a map amendment request, proposed density: \_\_\_\_\_

If a text amendment, what code is proposed to be amended, and what section number:

Code: \_\_\_\_\_

Section: \_\_\_\_\_

Specific language to be changed (attach a separate sheet of paper or copy of the code with appropriate section *underlined*, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed new language (attach a separate sheet of paper, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain why this petition is being submitted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PART C: Petitioner Information

Petitioner name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_

### PART D: Authorization/Certification

(I) (We) hereby petition the Calumet County Board of Supervisors for an amendment (map or text) to the code specified on this petition in the manner proposed on this petition. (I) (We) understand a public hearing is required before the Calumet County Planning and Zoning/Land and Water Committee prior to the Board of Supervisors taking formal action on this petition. If the Committee recommends denial, (I) (We) understand this petition will *not* go to the Board of Supervisors for action.

(I) (We) hereby authorize staff and/or members of the Committee or Board of Supervisors to inspect the property identified on this petition, if applicable.

(I) (We) understand this petition will not be scheduled for a public hearing until the required non-refundable petition fee of \$ \_\_\_\_\_ has been paid (check payable to Calumet County).

(I) (We) hereby certify the information on this petition is correct to the best of (my) (our) knowledge and belief.

Owner(s) Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

***PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS!***

Office use only: Fee Rcvd. \_\_\_\_\_ Rcpt. No. \_\_\_\_\_

Public hearing date: \_\_\_\_\_

Board of Supervisors decision date: \_\_\_\_\_

If a denied amendment request, report date: \_\_\_\_\_