CARY A ROWE
Zoning Administrator

112 OTTER AVE, PO BOX 2808
OSHKOSH, WI 54903-2808

OSHKOSH (920) 232-3344
FOX CITIES (920) 727-2880
FAX (920) 232-3347

zoningdepartment@co.winnebago.wi.us

Winnebago County
Zoning Department

The Wave of the Future

ZONING MAP AMENDMENT APPLICATION INSTRUCTIONS

1. Application must be made for an entire parcel. If a Certified Survey Map has been prepared the application can reference the pending CSM provided the CSM is included with the application.

2. Application Requirements:

   Section A: **A-1**: Property owner must complete and provide an original signature.

   A-2: If applicable, the agent must complete and provide an original signature.

   Section B: **B-1** This information can be obtained from the tax bill, a deed, or the County's GIS Mapping System.

   B-2: Identify the property by *address*, or *closest address* and directions (such as: North of 2222 Address Road).

   B-3: Indicate current and proposed zoning.

   B-4: Check if sanitary service is existing or required and if the property will be served by municipal sewer or a private sanitary system.

   Section C: **C-1** thru **C-5**: To be completed in your own words.

3. The Petition for Amendment form must be completed, with an original signature, and filed with the zoning map amendment application.

NOTE: If you are re-zoning out of Farmland Preservation, there is an additional form that is required.

4. Prior to filing the application with the County, contact the Town to determine if your request will comply with the Town land use plan. If it does not, you may have to have the Town plan amended prior to proceeding with this application.

   In addition, if you are within 3 miles of the Cities of Menasha, Neenah, or Oshkosh, or, 1 ½ miles of the City of Omro, Village of Fox Crossing or Village of Winneconne, you need to contact that community to determine if your request is in compliance with their land use plan. The County cannot approve a request not in compliance with that plan in the areas specified. Although the City or Village cannot approve or deny this request, any required Certified Survey Map may fall within their jurisdiction resulting in a denial of that map. If you are unsure of whether or not to contact someone, do so anyway to be on the safe side.

NOTE: Failure to contact the Town and City may result in the application being denied.

5. File the completed application, Petition for Amendment and fee with the Zoning Office by the date indicated on the schedule provided. **Incomplete applications may be delayed until all necessary information has been submitted.**

If you have any questions concerning the application procedure, please contact the Zoning Office Monday through Friday, 8:00 a.m. to 4:30 p.m.

Winnebago County Zoning Department
P.O. Box 2808
112 Otter Ave, 3rd Floor
Oshkosh, WI 54903-2808
(920) 232-3344
(920) 232-3347 (fax)

For office use only
Checked FLUP _____ Agreed _____
Receipt # _____
Application #: _____

ZONING MAP AMENDMENT APPLICATION

Fee: $765.00
(Please print or type. Please use black ink for duplicating purposes.) **Payable to**: Winnebago County

A. PROPERTY OWNER(S):

A-1 NAME: _____

Mailing Address: _____

_____

Phone: _____ E-mail: _____

NOTE: **all** property owners must sign application (husband & wife; all co-owners). Use the additional page if necessary.

Permission is hereby granted for appropriate County Staff to enter upon the property for the placement and removal of hearing notices and conducting inspections prior to hearing. Said permission is to remain in effect until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Property Owners' Signature _____ Date _____

Property Owners' Signature _____ Date _____

I HEREBY APPOINT THE FOLLOWING AS MY AGENT FOR PURPOSES OF THIS APPLICATION:

A-2 AGENT (NAME): _____

Mailing Address: _____

_____

Phone: _____ E-mail: _____

Agent's Signature: _____ Date: _____

B. PROPERTY INFORMATION:

B-1 Tax Key/Parcel #: _____

B-2 Location/address of affected property: _____

B-3 Current Zoning: _____ Proposed Zoning: _____

Zoning Code Legend			
A-1	Agribusiness district	**B-1**	Local Service Business district
A-2	General Agriculture district	**B-2**	Community Business district
R-1	Rural Residential district	**B-3**	General Business district
R-2	Suburban Residential district	**I-1**	Light Industrial district
R-3	Two-family Residential district	**I-2**	Heavy Industrial district
R-4	Multifamily Residential district	**M-1**	Mixed-Use district
R-8	Manufactured/Mobile Home Community district	**PDD**	Planned Development district

B-4 ***SEWER***: ☐ Existing ☐ Required ***TYPE:*** ☐ Municipal ☐ Private System

PROPERTY OWNER SIGNATURES

Permission is hereby granted for appropriate County Staff to enter upon the property for the placement and removal of hearing notices and conducting inspections prior to hearing. Said permission is to remain in effect until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Name (printed): _____

Owner Signature: _____ **Date:** _____

Permission is hereby granted for appropriate County Staff to enter upon the property for the placement and removal of hearing notices and conducting inspections prior to hearing. Said permission is to remain in effect until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Name (printed): _____

Owner Signature: _____ **Date:** _____

Permission is hereby granted for appropriate County Staff to enter upon the property for the placement and removal of hearing notices and conducting inspections prior to hearing. Said permission is to remain in effect until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Name (printed): _____

Owner Signature: _____ **Date:** _____

Permission is hereby granted for appropriate County Staff to enter upon the property for the placement and removal of hearing notices and conducting inspections prior to hearing. Said permission is to remain in effect until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Name (printed): _____

Owner Signature: _____ **Date:** _____

Permission is hereby granted for appropriate County Staff to enter upon the property for the placement and removal of hearing notices and conducting inspections prior to hearing. Said permission is to remain in effect until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Name (printed): _____

Owner Signature: _____ **Date:** _____

Responses may be typed on a separate sheet and attached to this form.

C-1 Describe Present Use(s):

C-2 Describe Proposed Use(s):

C-3 Describe the essential services (sewer, water, streets, etc.) for present and future uses:

C-4 Describe why the proposed use would be the highest and best for the property:

C-5 Describe the proposed use(s) compatibility with surrounding land uses:

NUMBER _____

PETITION FOR ZONING AMENDMENT

TO: Winnebago County Board of Supervisors
Winnebago County Courthouse
415 Jackson St
Oshkosh, Wisconsin 54901

The undersigned owner(s) of the property herein described hereby petitions your honorable body for an amendment to the Winnebago County Town/County Zoning Code and Map to effect a change in the Zoning Classification of real estate in the Town of _____, Winnebago County, Wisconsin, more particularly described as follows, to-wit (enter the legal description of the property which is found on your tax bill):

_____

_____

_____

_____

_____

_____

From _____ zoning district to _____ zoning district. The land described above will be used for:

_____

_____

if the amendment is adopted.

Dated this _____ day of _____, 20 _____.

Respectfully submitted:

_____
(Name)

_____

_____
(Address)

_____
(Legal Signature)