

FEE: _____

LANGLADE COUNTY

LAND RECORDS AND REGULATIONS DEPT,

Resource Center 837 Clermont St. P.O. Box 505 Antigo, WI 54409-0505
Phone (715) 627-6206 Fax (715) 627-6281 E-Mail landrecords@co.langlade.wi.us

PETITION FOR ZONING AMENDMENT # _____

The undersigned owner() of the property herein described hereby petition the Langlade County Board of Supervisors for an amendment to the Langlade County Zoning Ordinance and Map to effect a change in the Zoning Classification of real estate in the Town of _____, Langlade County, Wisconsin, more particularly described as follows:

(Parcel # _____), _____

FROM _____ TO _____

The land described above will be used for _____ if the amendment is adopted. A public hearing will be scheduled at which time the owner or an agent must be present to explain the reasons for the proposed change. A plot plan showing the location, dimensions, and the existing use of the land to be rezoned and the surrounding land uses shall be presented at said hearing.

Owner _____	Agent _____
Address _____	Address _____
Telephone _____	Telephone _____
Signature _____	Signature (Attach signed Owner's Consent form) _____

For Office Use Only

Water and Land Use Planning Committee

Approved Date _____,20____

Denied Date _____,20____

Recessed Date _____,20____

Langlade County Board of Supervisors

Approved Date _____,20____

Denied Date _____,20____

Referred Date _____,20____
back

Date Filed _____,20____

Date Published _____,20____

Hearing Date _____,20____

Issued by: _____