Office	Use	Only
--------	-----	------



Date Application Accepted:
Accepted By:
Receipt Number:
Scheduled Hearing Date:

TEXT AMENDMENT APPLICATION

Pursuant to the procedure described in the County Code 18.105 and Wisconsin Statutes Section 59.69(5), I hereby petition the Eau Claire County Board of Supervisors for the following text amendment to the County Zoning Code:				
Section:				
List the changes to be made to the ordinance and state the reasons justifying the change (attached sheet provided):				
Property Owner Name:	Phone#			
Mailing Address:				
Email Address:				
Agent Name:	Phone#			
Mailing Address:				
Email Address:				

GENERAL APPLICATION REQUIREMENTS

Applications will not be accepted until the applicant has met with department staff to review the application and determine if all necessary information has been provided. All information from the checklist must be included.

□ Provide \$550.00 application fee (non-refundable). Send application to landuse@eauclairecounty.gov or to the address above.

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I further agree to withdraw this application if substantive false or incorrect information has been included.

Owner/Agent Signature		
Owner/Agent Signature	 	

Date _____

At the public hearing, the applicant may appear in person or through an agent or an attorney of his/her choice. The applicant/agent/attorney may present testimony, evidence, and arguments in support of the application. All site plans, pictures, etc. become the property of the Department, and will remain in the file.

SUPPLEMENTAL INFORMATION