



**Conservation, Planning, and Zoning
 Department**
 505 Broadway, Ste. 248
 Baraboo, Wisconsin 53913
 Phone: (608) 355-3245 Fax: (608) 355-3292
 www.co.sauk.wi.us

Application Accepted: _____
Accepted By: _____
Petition Number: _____
Hearing Date: _____
Supervisor District: _____

Zoning Text Amendment

General Information

Property Owner Name:	Home Phone:
Mailing Address:	Cell Phone:
E-mail Address:	
Agent/Applicant Name:	Home Phone:
Mailing Address:	Cell Phone:
E-mail Address:	

Existing Zoning Text

Applicable Ordinance Section	Description

Proposed/Requested text change. Please describe the section you are proposing to change and show the ordinance should be modified to read.

Please describe the revision or nature of the request. What does this allow you to do. (Attach additional pages if necessary)

General Application Requirements

Applications will not be accepted until the applicant has met with department staff to review the application and determine if all the necessary information has been provided. All information from the checklist must be provided to the Department to be considered a complete application. Only complete applications submitted by the deadline will be noticed for a specific hearing date/time.
<input type="checkbox"/> Completed Zoning Text Amendment Application Form.
<input type="checkbox"/> \$500 application fee (non-refundable), payable to Sauk County CPZ.
<input type="checkbox"/> Any other information as required by the zoning administrator to explain the request.

Certification

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the staff of the Sauk County Conservation, Planning, and Zoning Department to enter my property for the purpose of collecting information to be used as part of the public hearing process. I understand that the fee is a non-refundable, regardless if the text amendment is approved or denied. I understand that the fee for this application is only for the amendment request and if permits are required for the project that those will require separate application(s) and/or fee(s). I understand that partial or incomplete applications will be returned to the applicant resulting in the application being removed from the hearing agenda and the submittal deadlines will restart. I further agree to withdraw this application if substantive false or incorrect information has been included.

Applicant/Agent: _____ Date: _____

Property Owner Signature: _____ Date: _____

At the public hearing, the applicant may appear in person or through an agent or an attorney of their choice. The applicant/agent/attorney may present testimony, evidence and arguments in support of the application.

Process

1. Contact the CPZ Department to schedule a meeting to review your potential request.
2. Complete the Zoning Text Amendment Application and provide all the supplemental items to the CPZ Department by the filing deadline.
3. Review such application with the appropriate staff member to determine completeness.
4. If the application is complete, CPZ staff will publish notice of your request for a zoning text amendment in the County's official newspaper noting the location and time of the required public hearing before the CPZ Committee. Neighbors, town officials, and affected state agencies will be notified as well.
5. If the Town chooses to review the zoning text amendment request at the Town Planning Commission and Town Board level, you will need to attend such meetings to provide information regarding the request. Please request that copies of minutes/proceedings outlining the Town's recommendation be provided to the CPZ Department for the file.
6. A public hearing will be held before the CPZ Committee. Either the property owner or designated agent will need to be present at the hearing to provide testimony regarding the request. The CPZ Committee must make a decision based only on the evidence that is submitted to it at the time of the hearing. Failure to provide representation may result in denial or postponement of your request.
7. The CPZ Committee and Sauk County Board of Supervisors may approve, disapprove, or modify and approve the zoning text amendment request.

Please Note: If a zoning text amendment application is disapproved by the CPZ Committee and no appeal is filed, no new zoning text amendment application can be re-submitted for a period of 365 days from the date of the CPZ Committee's decision, except on grounds of new evidence or proof of changes of factors found valid by the CPZ Committee.