

RESTRICTION REMOVAL / AFFIDAVIT OF CORRECTION

FEE: \$200.00

**FEE: \$300.00 if County Zoning Agency Hearing is required
for a restriction removal approval**

The undersigned hereby applies to the Walworth County Zoning Agency pursuant to Chapter 236 of Wisconsin State Statutes for:

- RESTRICTION REMOVAL
- AFFIDAVIT OF CORRECTION

OWNER OF PARCEL _____

ADDRESS _____

PHONE NUMBER _____

APPLICANT (if other than owner) _____

ADDRESS _____

PHONE NUMBER _____

TAX PARCEL NUMBER _____

ZONING DISTRICT _____

**ATTACH COPY OF THE CSM OR SUBDIVISION PLAT SHOWING CORRECTION
AND OR RESTRICTION TO BE REMOVED OR CHANGED AND A ATTACHED
COPY OF THE PROPOSED AFFIDAVIT OF CORRECTION ***

ADDITIONAL INFORMATION MAY BE REQUESTED UPON STAFFS REVIEW OF THE REQUEST.

PURPOSE OF REQUEST _____

This request is for those items that will meet existing Ordinance Requirements and is not meant to supersede Ordinance Requirements.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

OTHER APPROVING AGENCY(S) INVOLVED: _____
ATTACH A COPY OF THE SPECIFIED AGENCY'S REVIEW AND APPROVAL

*** NOTE: SUBMITAL OF THE AFFIDAVIT OF CORRECTION WITH THIS
APPLICATION WILL MINIMIZE DELAYS.**