

LOCAL ZONING ADMINISTRATOR CERTIFICATION FORM

It has been brought to my attention as Zoning Administrator for the Town / Village / City (circle one) of _____ in Kewaunee County, Wisconsin, that a deed(s) will be recorded in the Kewaunee County Register of Deeds office within the next 30 days which will change the boundaries of the adjacent parcels listed below. These boundary changes will be occurring as the result of the sale of exchange of property between two different adjacent landowners under the provisions of Kewaunee County Land Division Ordinance 175-6-15 and pursuant to Wis. Stats. §236.45(2)(a)3. I certify, as the municipal zoning authority, that these parcel boundary changes will not be a violation of our local zoning ordinance.

Signature of Local Zoning Authority

Date

Sale or Exchange #1

_____ acres of parcel number _____ owned by _____
will be attached and incorporated into parcel number _____
owned by _____.

Sale or Exchange #2

_____ acres of parcel number _____ owned by _____
will be attached and incorporated into parcel number _____
owned by _____.

Sale or Exchange #3

_____ acres of parcel number _____ owned by _____
will be attached and incorporated into parcel number _____
owned by _____.

Sale or Exchange #4

_____ acres of parcel number _____ owned by _____
will be attached and incorporated into parcel number _____
owned by _____.