

CITY OF PAYNESVILLE ~ RE-ZONING APPLICATION

221 Washburne Ave. ~ Paynesville, MN 56362
Phone: 320-243-3714 ~ Fax: 320-243-3713

List All Property Owners: _____

Contact Person: _____ Email Address: _____

Mailing Address: _____

Telephone No.: _____ Parcel No.: _____

Property Address: _____

Legal Description: Lot: _____ Block: _____ Addition: _____

DESCRIPTION OF REQUEST: (use separate sheet if needed)

TO BE COMPLETED BY APPLICANT:

Zoning District _____

Existing Use of Property _____

Proposed Zone _____

Proposed Use of Property _____

Will This Re-Zone Require A
Conditional Use Permit? _____

Will This Re-Zone Require A Variance?

Property Dimensions _____

Property Area _____

Building Area _____

Lot Coverage _____

Front Setback _____

Rear Setback _____

Side Setback _____

Side Setback _____

Structure Height _____

Permit Fee: \$500.00
Non-refundable

DRAWING OF PROPOSED RE-ZONE: (use separate sheet)

Application Must Include:

- Legal description from abstract.
- Statement containing all the circumstances, factors, and arguments that the applicant offers in support of the proposed re-zone.
- Any written or graphic data required by the City Administrator.

Date: _____

All Property Owners Must Sign This Application

For office use only:

Application Fee: \$500.00 (non-refundable) Date Paid _____

For office use only: Cash _____ Check No. _____

Present To Planning Board Date: _____

Planning Public Hearing Date: _____

Planning Set Public Hearing Date: _____

Council Makes Determination Date: _____

PLANNING BOARD ACTION:

Recommended to Council Approved Denied Date: _____

CITY COUNCIL ACTION: Approved Denied Date: _____

Date Received In Office: _____