



ZONING APPLICATION SUMMARY FORM

1. Applicant's Name (Last, First, M.I.)	2. Owner's Name and Day Phone No.
3. Mailing Address (Street, City, State, Zip Code)	4. Site Address (if different)
5. Day Phone No.	6. Evening Phone No.

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name	2. Section	3. Township	4. Range	5. Qtr./Qtr.	6. Gov. Lot No.
7. Note: If the property is a metes and bounds description, check here <input type="checkbox"/> and attach copy of the exact legal description.					

C. - APPLICABLE ZONING DISTRICTS	D. - TYPE OF ZONING REQUEST	E. - SHORELAND MANAGEMENT DATA
(check all that apply) 1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Commercial 3. <input type="checkbox"/> Industrial 4. <input type="checkbox"/> Shoreland (*) 5. <input type="checkbox"/> Scenic River 6. <input type="checkbox"/> Flood Fringe 7. <input type="checkbox"/> Floodway 8. <input type="checkbox"/> General Flood Plain 9. <input type="checkbox"/> Other (specify below) * Fill in Section E. also.	Project Type 1. <input type="checkbox"/> Conditional Use Permit 2. <input type="checkbox"/> Land Alteration Permit 3. <input type="checkbox"/> Home Occupation 4. <input type="checkbox"/> Variance 5. <input type="checkbox"/> Zoning District Change 6. <input type="checkbox"/> Subdivision Approval 7. <input type="checkbox"/> Ordinance Amendment 8. <input type="checkbox"/> Site Plan Review 9. <input type="checkbox"/> Other (specify below)	1. Lake / Stream Name 2. Lake / Stream I.D. Number 3. Classification: <input type="checkbox"/> NE, <input type="checkbox"/> RD, <input type="checkbox"/> GD, <input type="checkbox"/> Other (specify below) <div style="text-align: center;">- IMPORTANT NOTICE -</div> Most projects require plans, specifications and a written project description before your application is considered to be complete. This form primarily provides summary information for record keeping.

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge:

	Applicant Signature	Date
	Property Owner's Signature	Date

F. - ADMINISTRATIVE DATA SUMMARY (For Office Use Only)

1. <input type="checkbox"/> Detailed plans have been submitted which were prepared by: _____ Dated: _____ 2. <input type="checkbox"/> Written project description has been submitted which was prepared by: _____ Dated: _____ 3. <input type="checkbox"/> Approved <input type="checkbox"/> with, <input type="checkbox"/> without modification on: 4. <input type="checkbox"/> Denied on: 5. Itemization of Fees: _____ _____ _____ 7. Total Fees = 8. Fee paid on (date)	9. Administrative Summary for Applications for Subdivision Approval, Variances, Conditional Use Permits, ordinance Amendments and Zoning District Changes: a. Referred to Planning Commission on: b. Referred to Board of Adjustment on: c. Referred to City Engineer on: d. Referred to City Attorney on: e. Referred to County Zoning on: f. Date of Hearing Notice: g. Date of Public Hearing: h. Is thirty (30) day notice to DNR necessary? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, enter date sent to DNR here: I. Is thirty (30) day notice to MN/DOT necessary? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, enter date sent to MN/DOT here: J. Final Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> with, <input type="checkbox"/> without modification, <input type="checkbox"/> DENIED
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