

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: _____

CURRENT ZONE: _____

EXISTING USE: _____

PROPOSED ZONE: _____

PROPOSED USE: _____

Application Fee: \$200.00

(non-refundable) These are the fees incurred per document: Advertising \$48.00 (average), Recording \$46.00 (actual), Postage \$33.00 (average), Legal \$123.00 (average), totaling \$250.00.

WILL THIS RE-ZONE REQUIRE A CONDITIONAL USE? _____

WILL THIS RE-ZONE REQUIRE A VARIANCE? _____

DESCRIPTION OF REQUEST: (use separate sheet if needed)

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.

All Property Owners Must Sign This Application

Date

For office use only:

Application Fee: \$200.00 (non-refundable)

For office use only: Cash _____

Check No. _____

Date Paid _____

Present To Planning Commission Date: _____

Planning Set Public Hearing Date: _____

Planning Public Hearing Date: _____

Council Makes Determination Date: _____

PLANNING COMMISSION ACTION:

Recommended to Council Approved _____

Denied Date: _____

CITY COUNCIL ACTION:

Approved _____

Denied Date: _____

Date Received In Office:
(Stamp)