

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)

Permit Fee	\$500.00
Non-refundable	
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 _____	

DRAWING OF PROPOSED VARIANCE: (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 Set Public Hearing Date: _____

Planning 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: _____

