

	For Office Use Only
	PERMIT FEE \$200.00
	DATE RCVD.
	TOTAL PAID \$

ZONING DISTRICT CHANGE PERMIT APPLICATION

DATE OF APPLICATION: _____

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

ADDRESS FOR ZONING CHANGE: _____

LEGAL DESCRIPTION OF PROPERTY:

PARCEL NUMBER: _____ ZONING: _____

LOT: _____ BLOCK: _____ ADDITION: _____

EXISTING ZONING: _____ PROPOSED ZONING: _____

ZONING CHANGE IS BEING REQUESTED FOR THE FOLLOWING REASON(S): _____

ITEMS THAT MAY BE REQUIRED:

- SITE PLAN –
- CERTIFICATE OF SURVEY –

FURTHER DATA - The City Council, Planning Commission, and City staff may request additional information from the applicant concerning the application or may retain expert opinions at the expense of the applicant, or may require as a condition of proceeding with its consideration of any matter, that the application furnish expert opinion and data at the expense of the applicant.

DATE OF PUBLIC HEARING: _____

I hereby certify that I have read and examined this application and supporting documents and know the same to be true and correct. I have identified all property boundaries, easements, and/or wetlands existing on the property on my site plan(s) and application. The undersigned further agrees that the City and its administrative staff relied on the accurateness of the application, plans and specifications relative to this request and hold the City of Osakis harmless from all liability arising from the granting of a conditional use permit.

Signature of Applicant: _____

Date: _____