



# City of Osakis

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For Office Use Only	
	<b>PERMIT FEE \$200.00</b>
	<b>DATE RCVD.</b>
	<b>TOTAL PAID \$</b>

## 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: \_\_\_\_\_