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## Application for Rezoning

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

### Location of Parcels to be Rezoned

Parcel Number(s): \_\_\_\_\_ Township Name: \_\_\_\_\_

Section: \_\_\_\_\_ Township Number: \_\_\_\_\_ Range \_\_\_\_\_

Legal Description:

### Information about the Area:

Present Zoning District: \_\_\_\_\_

Proposed Zoning District: \_\_\_\_\_

Description of the road types adjacent to the proposed rezoning:

Description of the area to be rezoned:

Proposed use of the land (statement of the type, extent, area, etc):

Compatibility with the Comprehensive Land Use Plan:

Compatibility with surrounding land uses (statement of conditions warranting a change in zoning):

**Buildings on the property and adjacent properties:**

**List existing uses:**

**List the names and addresses of all land owners within the area to be rezoned:**

**Additional Information:**

**Applicant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address:  \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email

**Land Owner Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I affirm that the forgoing information is true and accurate. I understand that if any portion of this information is false or materially misleading, any rezoning permit issued in reliance upon this information is voidable at the election of Redwood County.

Land Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** \* The section below is to be filled out by the Environmental Office Staff

Application Fee:  Receipt #: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Application Received:** \_\_\_\_\_

**Commission Action:** \_\_\_\_\_ **County Board Action:** \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_