

CITY OF FIFTY LAKES

ID No: _____

40447 Town Hall Road / Box 125, Fifty Lakes, MN 56448

218-763-3113

www.fiftylakesmn.com

REZONING APPLICATION

RECODE: _____ INACTIVE: RECODE2: _____
LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
ADDRESS 2: _____
CITY 2: _____ STATE 2: _____ ZIP 2: _____
OWNER: _____
NAME OF INITIATOR: _____

LOCATION _____ RECODE/PARCEL NUMBER: _____

LEGAL DESCRIPTION: _____

TOWNSHIP: _____ RANGE: _____ SEC: _____ QTRSEC: _____ QTRQTRSEC: _____

PLAT: _____

BLOCK: _____ LOT: _____

LAKE NAME: _____ LAKE NUMBER: _____ STREAM NAME: _____

ACREAGE: _____ FIRE NUMBER: _____ ZONING: _____

DIRECTIONS: _____

HOUSE NUMBER: _____ STREET NAME: _____

IS THE PROPOSED REZONING IN THE SHORELAND AREA? Yes No

PRESENT ZONING: _____

PROPOSED ZONING: _____

PURPOSE: _____

Criteria for rezoning include (among other things) the explanation in Section 4.0, "Zoning Districts and Provisions," of the Zoning Ordinance and the Comprehensive Plan goals and policies. Any additional costs the City incurs for this rezoning application shall be reimbursed by applicant.

All property owners within 350 feet of subject property shall be notified.

CITY ACTION

APPROVED: _____ DATE: _____

RATIONALE: _____

NOTES: _____

APPLICATION DATE: _____ Signed _____
REZONING ID: _____ FEE: _____ Applicant
DATE FEE PAID: _____ Signed _____
FEE PAID BY: Check # _____ Cash City Clerk or authorized agent
DATE APPROVED: _____ Signed _____
EXPIRATION DATE: _____ Zoning Administrator or authorized agent