## Windemere Township

Mail: P.O. Box 129, Moose Lake, MN 55767 Office: 316 Elm Ave., Moose Lake MN 55767 (218) 290-4233

## **Rezoning Application**

<b>Applicant Information:</b>					
Applicant Title (circle one):	Property Owner	Contractor	Other:		
Applicant Name:					
Applicant Mailing Address:		<u> </u>			7:01
Applicant Email:				State	Zip Code
Applicant Phone Number:					
<b>Property Information:</b>					
Property Address:		City		State	Zip Code
Parcel ID Number (PIN):		•		State	ZipCode
Section: To	ownship:		Range:		
Property Size (in acres):					
Current Zoning of Property	y:				
Proposed Zoning of Proper	rty:				

## Applicant Fee: \$750.00

Please make checks payable to "Windemere Township" and mail them to:

Windemere Township P.O. Box 129 Moose Lake, MN 55767

Additional Information (	Please attach an additional page	for answers if the area	provided is not enough.)

1.	Please explain th	he reason for the rezoning requ	est
2.		and character of the proposed for the general locality?	zoning consistent with a desirable pattern
3.	How would the	neighborhood benefit from the	proposed rezoning?
4.	How would the	public benefit from the propose	ed rezoning?
5.	Additional infor	mation or circumstances which	justify the proposed rezoning
6.	Proof of Owner	ship Must Accompany this App Tittle Insurance Policy	lication in the form of (circle one): Other:

You, or your authorized agent, are required to attend the Planning Commission meeting to answer questions about the application. You will be notified of the date and time of the meeting.

## Data furnished on this application form is public information.

I hereby certify that I am the owner or authorized agent of the owner of the above property and that all uses will conform to existing state laws and local ordinances. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional or unintentional falsification of this application or any attachment thereto will serve to make this application and any resultant permit invalid.

Applicant Name

Applicant Signature

Date

Please submit this form to Windemere Township by email or mail. Email: <u>zoning@windemeretownship.com</u> Mail Address: P.O. Box 129 Moose Lake, MN 55767

Office	Use	Only
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Received By:	
Received Date:	
Payment Amount:	
Payment Type:	
Receipt Date:	
Receipt Number:	_