

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

1. Please explain the reason for the rezoning request

2. Are the location and character of the proposed zoning consistent with a desirable pattern or development for the general locality?

3. How would the neighborhood benefit from the proposed rezoning?

4. How would the public benefit from the proposed rezoning?

5. Additional information or circumstances which justify the proposed rezoning

6. Proof of Ownership Must Accompany this Application in the form of (circle one):

Deed

Title Insurance Policy

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: zoning@windemeretownship.com

Mail Address: P.O. Box 129 Moose Lake, MN 55767

Office Use Only

Received By: _____

Received Date: _____

Payment Amount: _____

Payment Type: _____

Receipt Date: _____

Receipt Number: _____