

Application for zone change

NO. Z-_____

PLANNING/ZONING DEPARTMENT
OWATONNA, MINNESOTA

Address of Property _____

Legal Description _____

Owner: Name _____

Address _____

Zip Code _____ Phone _____

Applicant: Name _____

Address _____

Zip Code _____ Phone _____

Present Zoning: R-1 R-2 R-3 R-4 R-5 R-6 R-B B-1 B-2 B-3
I-1 I-2 A-O I-P F-P PUD MH

Application is hereby made for a zone change on the above described property in accordance with the conditions set forth in Zoning Ordinance No. 827 as follows in application:

Applicant's Signature _____ Date _____

Zone Change Fee - \$ 200.00 Receipt No. _____

Date Received by Zoning Administrator _____

Date on Planning Commission Agenda _____

The action requested in the foregoing petition was:

Postponed to: _____ Disapproved _____ Approved _____

Subject to the following conditions: _____

Planning Commission Chairman _____

On this date the Council took the following action on the foregoing petition: _____ Date: _____

Postponed to: _____ Disapproved _____ Approved _____

Subject to the following conditions/amendment(s): _____

Mayor _____

ATTEST: _____

City Clerk/Treasurer.