

# APPLICATION FOR ZONING CHANGE

City of Battle Lake

108 E Main

PO Box 386

Battle Lake, MN 56515

PH/FAX (218) 864-0424

Application fee \$325.00 \_\_\_\_\_

Receipt number \_\_\_\_\_

\*\*\* Complete this application in black ink\*\*\*

Property Owner \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

## LEGAL DESCRIPTION

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

## PARCEL NUMBER

Explain the purpose of your request. (In order that your request may be fairly evaluated, please provide as much supplementary information as possible such as: maps, drawings, information about surrounding property, etc.)

Current zoning \_\_\_\_\_ Proposed zoning \_\_\_\_\_

I understand that I am requesting a zoning change that must be reviewed by the Planning Commission and approved by a 2/3 majority of the City Council following a public hearing. I understand that an Ordinance change is required before a zoning change is complete. I also understand that the application fee is non-refundable and that it is my responsibility to obtain any other permits that may be required.

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Date

**APPLICANT MUST BE PRESENT AT PUBLIC HEARING**

# NOTICE OF HEARING ON ZONING CHANGE

STAFF REVIEW/REPORT FROM CITY ZONING OFFICER:

\_\_\_\_\_  
City Zoning Officer

PLANNING COMMISSION REVIEW AND FINDINGS:

\_\_\_\_\_  
CHAIRMAN, BATTLE LAKE PLANNING COMMISSION

CITY COUNCIL PUBLIC HEARING:

DATE: \_\_\_\_\_ TIME \_\_\_\_\_ CITY COUNCIL ROOMS

\_\_\_\_\_ APPROVES REQUEST \_\_\_\_\_ DENIES REQUEST \_\_\_\_\_ OTHER  
MOTION:

\_\_\_\_\_ ATTEST: \_\_\_\_\_  
MAYOR, CITY OF BATTLE LAKE BATTLE LAKE CITY CLERK

*Any objections to the granting of this zoning amendment may be made in person at the time of said hearing, or by letter to the Clerk-Treasurer of the City of Battle Lake on or before the date of the hearing.*

I, \_\_\_\_\_, Clerk-Treasurer of the City of Battle Lake, MN do hereby certify that Notice of a Public Hearing on a request for a zoning amendment was mailed to the following affected property owners on \_\_\_\_\_, as prescribed in the City Code. (Date)  
\_\_\_\_\_ City Clerk-Treasurer