

CITY OF WINDOM, MINNESOTA

**444 9th Street
Windom, MN 56101
507-831-6125**

APPLICATION FOR CONSIDERATION OF ZONING/SUBDIVISION REQUEST

Applicant(s): Name(s) _____

Address _____

City _____ State _____ Zip _____ (Phone: _____)

Owner(s): (If other than Applicant)

Name(s) _____

Address _____

City _____ State _____ Zip _____ (Phone: _____)

Property Address: _____

Legal Description of Property: Lot(s) _____ Block(s) _____ Addition _____

Parcel No. _____

(If metes and bounds, attach description.)

Existing Use of Property: _____ **Present Zoning:** _____

Action Requested: Conditional Use Permit _____ Variance _____

Subdivision (Sketch Plat) _____ Preliminary Plat _____ Final Plat _____

Planned Unit Development (PUD) _____

Amendment (Text, Rezoning, Comprehensive Plan) – SPECIFY: _____

Other (Specify): _____

Description and Reason for Request (Attach Additional Information if necessary and/or required) _____

In signing this Application, I/we hereby acknowledge that I/we have been advised concerning the applicable provisions of the Windom Zoning and Subdivision Ordinances, current administrative procedures, and the required filing fee. I/we hereby acknowledge that the information provided in this Application is true and correct to the best of my/our knowledge.

X _____ X _____

[SIGNATURES OF APPLICANT(S)]

Date: _____

Fee: \$200.00

Paid: Ck. _____ Date: _____

Upon receipt of the Application, all required supporting documents, and the filing fee, this APPLICATION IS ACCEPTED FOR FILING on this _____ day of _____, _____.

WINDOM BUILDING & ZONING OFFICIAL: _____