



Application for Rezoning

www.co.redwood.mn.us

Permit #: _____ Date: _____

Location of Parcels to be Rezoned:

Parcel Number(s): _____

Township Name: _____

Section: _____ Township Number: _____

Range: _____

Legal Description:

Information about the Area:

Present Zoning District: _____

Proposed Zoning District: _____

Description of the road types adjacent to the proposed rezoning:

Description of the area to be rezoned: NOTICE: Change of land use may affect your property taxes.

Proposed use of the land (statement of the type, extent, area, etc):

Compatibility with the Comprehensive Land Use Plan:

Compatibility with surrounding land uses (statement of conditions warranting a change in zoning):

Buildings on the property and adjacent properties:

List existing uses:

List the names and addresses of all land owners within the area to be rezoned:

Additional Information:

Applicant Information:

First Name: _____ Last Name: _____

Business Name: _____

Address: City: _____ State: MN Zip: _____

Home Phone: _____ Cell Phone: _____ Email:

Land Owner Information:

First Name: _____ Last Name: _____

I affirm that the forgoing information is true and accurate. I understand that if any portion of this information is false or materially misleading, any rezoning permit issued in reliance upon this information is voidable at the election of Redwood County.

Land Owner Signature: _____ Date: _____

Office Use Only: * The section below is to be filled out by the Environmental Office Staff

Application Fee: _____ \$700.00 Receipt #: _____ Date Approved: _____

Application Received: _____

Commission Action:

County Board Action:

Approved: _____ Date: _____ Approved: _____ Date: _____

Disapproved: _____ Date: _____ Disapproved: _____ Date: _____