

REZONING APPLICATION NO. _____

Larry Gasow, Zoning Administrator, Marc Telecky, Assistant Zoning Administrator
830 – 11th Street East, Suite 113, Glencoe, MN 55336 Phone: (320) 864-1291

➤ You must call your township clerk to get on the agenda of your township board meeting for their recommendation on this application. Once you have received recommendation, return this application the day of the scheduled Planning Commission meeting.

Date:		60-day date:		Permit Fee:	\$746.00	Receipt No.	
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Applicant Information:	Property Owner Information:
Phone #:	Phone #:

Legal Description:

Section / Township: _____ **PID Number:** _____

Present Zoning District: _____ **Proposed Zoning District:** Highway Business

Description of operation to be engaged in on rezoned property:

I swear that all information submitted by me (or my agent representing me) as part of this request to the best of my knowledge is true, accurate and complete. I hereby authorize the County Zoning Administrator or authorized agent to enter upon property subject to this application to gather information pertinent to this application.

Applicant's Signature _____ **Date** _____

Property Owner's Signature _____ **Date** _____

TOWNSHIP BOARD

_____ Township Board recommended approval denial of this rezoning request on _____.

_____. Signed _____, Chairperson.

McLEOD COUNTY PLANNING ADVISORY COMMISSION

McLeod County Planning Commission recommended approval denial of this rezoning request on _____.

Signed _____, Chairperson.

McLEOD COUNTY BOARD OF COMMISSIONERS

McLeod County Board of Commissioners recommended approval denial of this rezoning request on _____.

Signed _____, Chairperson.

In cases where MS. 15.99 applies, the County hereby notified the applicant that a decision may not be rendered within 60 days due to public hearing requirements and agency review. Therefore, the County is notifying the applicant that a 60-day review waiver is required. A decision on the request shall be completed within 120 days unless additional review extensions are approved by the applicant.

I hereby agree to waiver the 60-day timeline requirement set by state statute on my rezoning request.

Applicant's Signature _____ **Date** _____

