

# LAND USE APPLICATION



City of Alexandria  
704 Broadway | Alexandria, MN 56308  
Ph: (320) 763-6678 | Fax: (320) 763-3511  
www.ci.alexandria.mn.us

Application # _____	Date App. Received ____/____/____ Date App. Complete ____/____/____	Fee Collected \$ _____
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### A. Owner Information

Property Owner Name (Last, First, MI) \_\_\_\_\_ Phone \_\_\_\_\_

Property Owner Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Email Address \_\_\_\_\_

### B. Applicant Information (If Different From Above)

Applicant Name (Last, First, MI) \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Email Address \_\_\_\_\_

### C. Project Location/Description

Address of Subject Property \_\_\_\_\_ PIN: \_\_\_\_\_

Legal Description *(attach separate if lengthy narrative)* \_\_\_\_\_

Present Zoning Classification \_\_\_\_\_ Present Comprehensive Plan Classification \_\_\_\_\_

Is the property located within 1,000 ft of a lake?  Yes  No \_\_\_\_\_  GD  RD  NE  
Waterbody Name \_\_\_\_\_ Waterbody Classification \_\_\_\_\_

### D. Application Information

**Check Applicable Request(s):**

- Conditional or Interim Use Permit
- Map Amendment : Zoning District (Rezoning) and/or Future Land Use (FLU)
- Variance
- Zoning Text Amendment
- Appeal
- Other (Specify \_\_\_\_\_)

**Complete Addendum A**  
**Complete Addendum B**  
**Complete Addendum C**  
**Complete Addendum D**  
**Complete Addendum E**  
Attach Narrative)

### E. Acknowledgement & Signature

**BY MY SIGNATURE BELOW:** I certify that the information submitted with the application is true and accurate; I acknowledge that this application is not deemed complete until reviewed by City staff and that I will be notified within 15 days of application submission if the application is incomplete; I understand that submission of the application does not imply approval of this request by the Planning Commission or the City Council; nor does it in and of itself guarantee issuance of any other required permits and licenses and I acknowledge that this application may be tabled until a later meeting if either I or my designated representative is not present at the meeting for which a public hearing is scheduled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Owner or Applicant**

Planning Commission Action: Tabled \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

City Council Action: Tabled \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Zoning Administrator**