

LAND USE APPLICATION



City of Alexandria
 704 Broadway | Alexandria, MN 56308
 Ph: (320) 763-6678 | Fax: (320) 763-3511
www.alexandriamn.city

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 **Complete Addendum A**
 Map Amendment : Zoning District (Rezoning) and/or Future Land Use (FLU) **Complete Addendum B**
 Variance **Complete Addendum C**
 Zoning Text Amendment **Complete Addendum D**
 Appeal **Complete Addendum E**
 Other (Specify _____ 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