

# LAND USE APPLICATION



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

<b>Application #</b> _____	<b>Date App. Received</b> ____/____/____ <b>Date App. Complete</b> ____/____/____	<b>Fee Collected</b> \$ _____
-------------------------------	--	----------------------------------

**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):**

1. <input type="checkbox"/> Conditional or Interim Use Permit 2. <input type="checkbox"/> Map Amendment : Zoning District (Rezoning) and/or Future Land Use (FLU) 3. <input type="checkbox"/> Variance 4. <input type="checkbox"/> Zoning Text Amendment 5. <input type="checkbox"/> Appeal 6. <input type="checkbox"/> Other (Specify _____)	<b>Complete Addendum A</b> <b>Complete Addendum B</b> <b>Complete Addendum C</b> <b>Complete Addendum D</b> <b>Complete Addendum E</b> 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*