APPLICATION FOR ZONING ORDINANCE AMENDMENT (RE-ZONING)

City of Maple Lake
10 Maple Avenue South, P.O. Box 757
Maple Lake, MN 55358-0757
(320) 963-3611 (320) 640-2690 Fax
email: cityhall@ci.maple-lake.mn.us
website: www.ci.maple-lake.mn.us

To the Planning Commission and City Council of the City of Maple Lake, Minnesota:

Applicant Name _____

Applicant Address _____

Property Address _____

Phone No. _____ Email _____

List All Property Owners _____

Legal Description/Property ID No. _____

_____

Parcel Size: lot width _____ feet lot depth _____ feet

Total Square Feet: _____

Current Zoning: (Please check which applies)

_____ **Ag** *(Farm Residence)*
_____ **R-1** *(Urban Residential)*
_____ **R-2** *(Suburban Residential)*
_____ **R-3** *(Multi-Family - Low Density)*
_____ **R-4** *(Multi-Family - Medium Density)*
_____ **R-5** *(Mobile Home District)*
_____ **B-1** *(Central Business District)*
_____ **B-2** *(Highway Commercial)*
_____ **I-1** *(Light Industry)*
_____ **FP** *(Flood Plain)*
_____ **RB1** *(Residential Business Transition District)*

For Office Use Only

Application Fee: $300.00 Credit Card ___ Cash___ Check No._____ Date Paid _____

Planning Public Hearing Date: _____ Council Meeting Date: _____

PLANNING COMMISSION ACTION:
Recommended to Council Approved ____ Denied ____ Date: _____

CITY COUNCIL ACTION: Approved ____ Denied ____ Date: _____

Please answer the following questions as completely and accurately as possible. Failure to complete the information requested below may result in your request being denied or delayed.

1. Have you requested to have this property re-zoned within the last 12 months?

   ☐ No

   ☐ Yes If yes, when: _____ Was it granted ☐ or denied ☐ ?

   What new evidence or change of circumstance(s) justifies reconsideration?

2. Describe the zoning change you desire:

   ☐ Change the zoning district from ____ to ____. (See Page 1 for options)

   ☐ Change the uses allowed in the entire zoning classification to include:

   ☐ Keep the same zoning classification and allowable uses but move the location of the zoning district line from _____ to _____.

3. The City has a Comprehensive Plan which indicates the zoning classification for particular areas. (You may review the Comprehensive Plan at City Hall or on the city website.) Is your zoning request:

   ☐ Compatible with the City's Comprehensive Plan for that area; or

   ☐ In conflict with the Comprehensive Plan. If so, please describe the conflict:

The following documents **must** be submitted with your application:

1) Abstractor's Property Certificate showing the property owners' names and addresses of the property for which the request is made.
2) A boundary survey.
3) Preliminary building and site development plan.

I/we certify that the information contained in this application is true and that nothing important has been omitted. I/we understand that The City of Maple Lake will review this application to determine whether it is complete. I/we understand that all questions must be answered to be considered complete. I/we understand incomplete applications will be rejected.

I/we understand the application fee is non-refundable. I/we understand that the City of Maple Lake has up to 120 days to review and consider the complete application. I/we hereby agree that if the permit is granted, the establishment, operation and maintenance of the property use shall conform to the City of Maple Lake Zoning Ordinance and all other applicable City Ordinances.

Printed Name: _____ Signed: _____

Address: _____

Phone: _____ Date: _____

PLEASE NOTE: THE PLANNING COMMISSION ONLY MAKES A RECOMMENDATION TO THE CITY COUNCIL. YOUR APPLICATION IS NOT APPROVED OR DENIED UNTIL IT IS CONSIDERED AND DECIDED UPON BY THE MAPLE LAKE CITY COUNCIL.

NOTE: Application **will not** be accepted without payment of the application fee.