

APPLICATION FOR REZONING OF PROPERTY

CITY OF ARLINGTON

204 Shamrock Drive

Arlington, MN 55320

PHONE: 507-964-2378

FAX: 507-964-5973

Fee \$ _____

Paid _____

Receipt # _____

Date _____

NAME: _____

PHONE: _____

ADDRESS: _____

I/We, the undersigned, hereby make the following application to the City Council and Planning Commission of Arlington, Minnesota.
Applicant's have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

1. **Application is hereby made for rezoning certain properties from:** _____ (zoning classification)
To: _____ (zoning classification)

2. **Legal description of land affected by the application, including acreage or square footage of land involved and street address, if any:** _____

3. **Property Identification Number (you can find this on your tax statement):** _____

3. **Name, address and phone number of present owner of above described land:** _____

4. **Persons, firms, corporations, etc. other than applicant and present owner who may or will be interested in above described land or proposed improvements within one year of permit issuance:**

5. **If necessary, attach additional materials as directed.**

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature _____

Date _____

Owner Signature _____

Date _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL

Date Submitted _____ Date Complete _____ Date of Public Hearing _____ Publication Date _____

Planning Commission Recommendation (Circle One): Approval Denial Date of Action _____

Date Applicant/Property Owner notified of Planning Commission Recommendation: _____

City Council Action (Circle One): Approval Denial Date of Action _____

Date Applicant/Property Owner notified of City Council Action: _____

Date filed with Sibley County Recorder's Office: _____