



204 SHAMROCK DRIVE ARLINGTON, MN 55307 Phone: 507-964-2378

# Rezoning of Property

Fee: \$275.00 plus Recording Fee

*The Rezoning process allows property owners to apply to rezone their property from one zoning district to another*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

Application is hereby made for rezoning certain properties from: \_\_\_\_\_ (zoning classification) To: \_\_\_\_\_ (zoning classification)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. 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:

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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: \_\_\_\_\_

Zoning Administrator Action (circle One): Approval/Denial Date of Action:

Date Applicant/Property Owner notified of Zoning Administrator Action:

Filed in Address File: