



APPLICATION FOR REZONING

County of Sibley
Gaylord, MN 55334

Permit No.	_____
Application Fee:	\$600
Filing Fee:	\$46
TOTAL Fee:	\$646

Date _____ P.I.D. No. _____ Property Address: _____

City: _____ State: _____ Zip: _____

LEGAL DESCRIPTION OF PROPERTY: _____

Township _____ Range _____ Section _____

OWNER: Name _____ Address _____

Phone: _____ Email: _____

Signature: _____

APPLICANT (if different): Name _____ Address _____

Phone: _____ Email: _____

Signature: _____

CURRENT ZONING: _____ PROPOSED ZONING: _____

Please attach a map, survey, site plan or sketch depicting the area where the rezoning is requested. Also attach any relevant supporting documentation, such as photographs, letters, or other information as appropriate.

REASON FOR THE REQUESTED CHANGE:

OFFICE USE ONLY:

Received: _____ Notice Published: _____ Planning Commission Meeting: _____

County Board Meeting: _____ Owner/applicant notification: _____ Recorded: _____