



320 SOUTH OAK STREET  
SAUK CENTRE, MN 56378  
PH: (320) 352-2203 FAX: (320) 352-0121

Office Use Only
_____
LUR Number
_____
Permit Fee Paid
_____
Date Received
_____

## ZONING AMENDMENT/REZONING APPLICATION

*Please Type or Print Neatly. Attach additional sheets if necessary.*

\*\*\*\*\*

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

\*\*\*\*\*

Physical Address/Location of Property \_\_\_\_\_

\_\_\_\_\_

Legal Description of Property: (Please Attach Metes & Bounds Description)

\_\_\_\_\_

Parcel ID Number \_\_\_\_\_ Zoning District \_\_\_\_\_

Applicant is:

- Legal Owner of Property
- Contract Buyer
- Option Holder
- Agent
- Other \_\_\_\_\_

Title Holder of Property (if different than applicant):

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

State the nature of your request in detail. What are you proposing for your property?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Owner, authorizing application \_\_\_\_\_

(By signing, the owner is certifying that he/she has read and understands the instructions accompanying this application.)

Signature of Applicant (if different than Owner) \_\_\_\_\_

(By signing, the applicant is certifying that he/she has read and understands the instructions accompanying this application.)

\*\*\*\*\*

**APPLICANTS, PLEASE NOTE:** Pursuant to the City of Sauk Centre Zoning Ordinance, the applicant should be prepared to explain "reasoning why a district boundary line should be extended or removed from the area".

The Planning Commission will review or take action on this request on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Applicant or authorized agent must be present at the Planning Commission Meeting).

The City Council will review or take action on this request on \_\_\_\_/\_\_\_\_/\_\_\_\_.

1. What is the desired Zoning Classification(s)?

---

---

---

2. Describe CLEARLY the reason for rezoning/amendment.

---

---

---

\*\*\*\*\*

### INSTRUCTIONS TO THE APPLICANT

Completed applications, with *all* submittal requirements, must be submitted to the Planning & Zoning Department no fewer than **25 days** prior to the meeting date. In order for your application to be accepted as complete, and to have a public hearing scheduled, the following information **must** be submitted:

- \_\_\_\_\_ 1. This application must be completed, including responses to all parts of this application.
- \_\_\_\_\_ 2. The required fee must be paid. See Fee Schedule for details.
- \_\_\_\_\_ 3. Certificate of Survey with the following information, as a minimum unless waived by the Planning Commission / Board of Appeals and Adjustments.
  - Legal description of the property and site address
  - Lot dimensions
  - North Point and Graphic Scale
  - All adjacent streets, easements and alleys
  - Location of all buildings, structures, driveways, sidewalks, trails, parking stalls and curbing
  - Identification of all setback dimensions from property lines
  - Location of all existing and proposed utilities and easements
  - Description of floor plans for each story
  - Description of each building elevation, exterior building materials and color schemes
  - Site grading plan, including erosion and sedimentation control measures and procedures
  - Delineations of any shoreland, flood plain or wetland areas on the site
  - Identification of any flood plain or wetland encroachments and detailed mitigation plans
  - Plans shall be dated and shall bear the name(s) of the preparer(s), including professional registrations or certifications.
- \_\_\_\_\_ 4. Detailed landscaping plans, illustrating size, types and locations of all materials, a description of site seeding or sodding, a description of the timetable for site landscaping and the identification of any irrigation system.
- \_\_\_\_\_ 5. Detailed description of any site fencing, including type, location and height