APPLICATION FOR REZONING

PIPESTONE COUNTY ZONING ORDINANCE

Owner: _____Phone: _____

Address: _____Zip: _____

Applicant: _____Phone: _____

Address: _____Zip: _____

****

Legal Description:

Township name: _____ Section number: _____ Quarter Section: _____

Township number: T ____ N Range R ___ W Quarter of quarter: _____

****

Required Exhibits: Official Map that includes the property in question and at least one-half mile beyond.

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Type of Rezoning Requested: _____

Describe Proposed Use of Land: _____

_____

Signature of Applicant: _____ Date: _____

Application Accepted By: _____ Date: _____

****

(FOR OFFICE USE ONLY)

Public Hearing: Date: _____ Day: _____ Time: _____ Fee: $500.00

Place: _____

Conditional Requirements: (Planning Commission Use Only)

_____

_____

_____

Planning Commission Recommendation: Approve ____ Deny ____ Approve on Condition ____

Date: _____

Pipestone County Approve ____ Deny ____ Approve on Condition ____

Date: _____

_____ _____

Chairman of Planning Commission Chairman of County Commissioners

_____

Pipestone County Zoning Administrator