APPLICATION FOR ZONING CHANGE



Property Owner:		Email:				
Mailing Address:		Phone:				
City, State Zip:						
	PROPERTY INF	ORMATION				
Property Address	:	Parcel Number:				
Legal Description	:					
Current Zoning:			_			
Type of Request:	Conditional Use Permit	Variance Permit	Rezoning Permit			
	Planned Unit Development (PUD)	Other:				
Description and Reas	son for Request:					
In your opinion, will Yes	the requested change dimish or impair prop No Why or why not?	perty values within the immediate	e vicinity?			
In your opinion, will Yes	the requested change impede the developn No Why or why not?	nent of the surrounding property				
In your opinion, will Yes	the requested change be detrimental to the	health, safety, morals or welfare				

lave measures	been taken i	minimize the impa	act of the requeste	d change to the a	irea?	
Yes	No	Please Explain:	ı:			
Zoning Ch	-	-				
oning Change ne current fee		s shall be made to	the City Clerk tog	ether with the rec	quired docur	mentation and fees as set in
ILING INSTRU	ICTIONS					
	applications.					roperty owners signature is y processing. Applications
nan be submit	led to.		City of Lamberto			
			PO Box 356 Lamberton, MN !	56152-0356		
property owner hange request	s and the pu requires pas f the full City f the propert	ablic. After the pubsisage by a 4/5 vot Council. Once a cay owner.	blic hearing the Cit te of the full City C	y Council will revi ouncil. Approval c	ew the requ of a Conditio	r comments from nearby est. Approval of a zoning anal Use Permit requires a or filing fees are the
		to scale with dim	nensions	Locati	on & Dimen	sions of all Buildings
Loc	cation of Cur	b Cuts, Driveways	s, Access Roads, Pa			ing Areas & Sidewalks
Lar	ndscaping &	Screening Plans		Draina	ige Plan	
Sev	ver & Water	Plan (with usage	estimates)	Soil Ty	/pe	
APPLICANT ST	ATEMENT					Payment Stamp
nowledge and	belief. I und	erstand that if any	e and accurate to the y portion of this apuses I in reliance upor	pplication is		
nformation sha	ll be come v	oid at the discreti	ion of the CIty of L	amberton.		
					Lic	cense Fee:
Applicant Signa	ture				Date:	