



Wabasha County Environmental Services

County Courthouse
625 Jefferson Avenue
Wabasha MN 55981
Telephone: (651) 565-3062
FAX: (651) 565-3159

APPLICATION FOR REZONING

Parcel #: _____ Township: _____

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Legal Description of Property: _____

Present District Classification: _____ Proposed District Classification: _____

Explanation of Proposed Use of Land (statement of type, extent, area, etc..) - attach separate sheet if needed:

This application must also include:

- Map and Plot Plan or Survey of Property to be Rezoned (showing location, dimensions, zoning of adjacent properties, existing uses and buildings of adjacent properties within 1/2 mile).
- Preliminary Plat application.
- Statement of conditions warranting change in zoning (Compatibility with Land Use Plan).
- Specific description of area proposed to be rezoned and the names and addresses of all owners of property lying within such area, and a description of the property owned by each.
- Soil types.
- Filing Fee of \$300.00.

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I hereby certify that all the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

Current Zoning District: **A-1 – A-2 – A-3 – R-1** Floodzone: _____

Proposed Zoning District: _____

Fee Paid: _____

Date Submitted: _____ Additional Information Requested: ___yes ___no

Application Date: _____

Date of Hearing Notice: _____,

Notice sent to: ___ Neighbors ___ Township ___ Municipality ___ DNR ___ other

Date of Public Hearing: _____

Planning Commission Recommendation: ___ Denied ___ Approved Date: _____

Board of Commissioners Final Decision: ___ Denied ___ Approved Date: _____