

Petition for Rezoning

Clay County Planning & Zoning
3510 12th Avenue South, PO Box 280
Moorhead, MN 56561-0280
Tel (218) 299-5005
planning@co.clay.mn.us

Application Fee: \$225.00

Owner	_____	Parcel # _____
Mailing Address	_____	Permit # _____
City	_____	Date Submitted _____
State, Zip	_____	60 Days _____
Day Phone	_____	Fee \$ _____
Cell Phone	_____	
Email	_____	
Property Address	_____	
Subdivision	_____	Twp _____ Rng _____ Section _____

Applicant	<input type="checkbox"/>	Applicant Same as Owner
Name	_____	
Address 1	_____	
Address 2	_____	
City	_____	
State, Zip	_____	
Day Phone	_____	Email _____

1. Area of subject property (square feet or acres) : _____
2. Present Zoning: _____ Proposed Zoning: _____
3. Briefly describe the nature and expected affect of the new proposed rezoning: _____

4. What changes or conditions make passage of this rezoning necessary? _____

5. Other circumstances which justify this rezoning: _____

6. Attach sketch plan of site (existing/proposed buildings, wells, septic system, road/property setbacks, etc.)

To the best of my knowledge, I certify that the information provided on this application and accompanying documents is true and accurate.

Applicant signature: _____ **Date:** _____

Office Use Only

Planning Commission

Fee paid: _____ Date paid: _____ Hearing date: _____

Final approval is: Granted Denied for the following reasons: _____

X _____ Dated this _____ day of _____, 20_____

Chairperson, Clay County Planning Commission

X _____ **Director, Planning & Zoning**

Board of Commissioners

Meeting date: _____

Final approval is: Granted Denied for the following reasons: _____

X _____ Dated this _____ day of _____, 20_____

Chairperson, Clay County Commission