

CITY OF WARREN

Warren, Minnesota 56762

Phone: 218-745-5343

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APPLICATION TO PLANNING COMMISSION

- Rezoning Special Use Permit
- Variance Home Occupation Permit
- Conditional Use Permit Other

1. Name of Applicant (s) _____

2. Address _____
Street City State

3. Phone _____
Residence Business

4. Name of Property Owner (if different from applicant) _____

5. Address _____
Street City State

6. Phone _____
Residence Business

7. Approximate location of property _____

8. Legal description _____

9. Present zoning classification _____ Present Use _____

10. Proposed use and / or zoning _____

11. Reason for change: _____

12. \$250.00 Commission fee paid: (receipt number) _____

13. Legal & Filing Fees – **The Applicant hereby acknowledges responsibility for these expenses.**

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FOR OFFICE USE ONLY

1. Date of Publication _____

2. Date on Planning Commission Agenda _____

3. Action taken by Commission _____

4. Action taken by City Council _____

5. Resolution Number _____(see attached resolution)

Signature of Applicant Date