

# APPLICATION FOR ZONING CHANGE

City of Henning

612 Front St

PO Box 55

Henning, MN 56551

PHONE (218) 583-2402

Application fee \_\_\_\_\_

Receipt number \_\_\_\_\_

**\*\*\* Complete this application in black ink\*\*\***

Property Owner \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

## LEGAL DESCRIPTION

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

## PARCEL NUMBER

**Explain the purpose of your request. (In order that your request may be fairly evaluated, please provide as much supplementary information as possible such as: maps, drawings, information about surrounding property, etc.)**

Current zoning \_\_\_\_\_ Proposed zoning \_\_\_\_\_

I understand that I am requesting a zoning change that must be reviewed by the Planning Commission and approved by a 2/3 majority of the City Council following a public hearing. I understand that an Ordinance change is required before a zoning change is complete. I also understand that the application fee is non-refundable and that it is my responsibility to obtain any other permits that may be required.

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Date

**APPLICANT MUST BE PRESENT AT PUBLIC HEARING**

# NOTICE OF HEARING ON ZONING CHANGE

**STAFF REVIEW/REPORT FROM CITY ZONING OFFICER:**

\_\_\_\_\_  
City Zoning Officer

**PLANNING COMMISSION REVIEW AND FINDINGS:**

\_\_\_\_\_  
PLANNING COMMISSION

**CITY COUNCIL PUBLIC HEARING:**

**DATE:** \_\_\_\_\_ **TIME** \_\_\_\_\_ **CITY COUNCIL ROOMS**

\_\_\_\_\_  
**APPROVES REQUEST** \_\_\_\_\_ **DENIES REQUEST** \_\_\_\_\_ **OTHER**

**MOTION:**

**ATTEST:**

\_\_\_\_\_  
MAYOR, CITY OF HENNING

\_\_\_\_\_  
HENNING CITY CLERK

*Any objections to the granting of this zoning amendment may be made in person at the time of said hearing, or by letter to the Clerk-Treasurer of the City of Henning on or before the date of the hearing.*

I, \_\_\_\_\_, Clerk-Treasurer of the City of Henning, MN do hereby certify that Notice of a Public Hearing on a request for a zoning amendment was mailed to the following affected property owners on \_\_\_\_\_, as prescribed in the City Code.  
(Date)

\_\_\_\_\_  
City Clerk-Treasurer