

Meeker County Planning & Zoning
114 N Holcombe Ave, Suite 150
Litchfield, MN 55355
320-693-4651

APPLICATION FOR REZONING A PARCEL OF LAND

Parcel # _____ Fee _____ Number _____ Date _____

Phone _____ Email _____

Property Address: _____

Name: _____

Address: _____

Legal Description of the Property Proposed to be Rezoned:

Present District Classification of Property _____

Proposed District Classification of Property _____

Proposed Use of the Property _____

List all Owners of Property within the area to be rezoned:

Name: _____ Address: _____ Parcel: _____

1. State reason for requesting rezoning: _____

2. State why applicant believes the proposed change is compatible with the Meeker County Comprehensive Land Use Plan: _____

3. Statement of what conditions within the County have changed making the rezoning necessary: _____

4. Statement of the effect on surrounding property values and compatibility with existing land uses: _____

Attach a boundary survey by a Registered Land Surveyor of the property to be rezoned showing dimensions, present zoning of adjacent properties and existing uses, buildings and ownership within five hundred (500) feet in incorporated areas and one half (1/2) mile in unincorporated areas.

Attach a detailed site plan as required in the Meeker County Zoning Ordinance if application will result in development.

Signature of Petitioner

Signature of Petitioner

Signature of Petitioner

Signature of Petitioner

FOR OFFICIAL USE ONLY

PUBLIC HEARING: Township _____ Location _____

Date _____ Notice Published _____ Notice Posted _____

Property Owners Notified _____

Municipalities Notified _____

Planning Commission Recommendation _____

Date _____ Chairman _____

Application submitted to the County Board of Commissioners on _____

County Board Action:

_____ The findings and recommendation of the Planning Commission are hereby adopted and the application is:

_____ approved _____ denied

_____ The findings and recommendation of the Planning Commission are hereby overruled and the application is:

_____ approved _____ denied (Note: Requires 4/5 vote)

The Board makes its findings as indicated on the attached Exhibit A

_____ The Board makes specific findings as indicated on the attached Exhibit A; hereby adopts the recommendation of the Planning Commission; and the application is:

_____ approved _____ denied

Vote: For _____ Against _____

Action taken this _____ day of _____, 20_____.

By: _____
Chairman, Meeker County Board of Commissioners

STATE OF MINNESOTA)
COUNTY OF MEEKER)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.
Chairman of the Meeker County Board of Commissioners on behalf of Meeker County.

Notary Public