

**CITY OF PIERZ
REQUEST FOR ZONING AMENDMENT APPLICATION FORM**

DATE FILED: _____

AMOUNT PAID: _____

Application #: _____

NAME OF APPLICANT: _____

PHONE: (Day) _____ (Evening) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER (if other than applicant): _____

PHONE: (Day) _____ (Evening) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LEGAL DESCRIPTION OF PROPERTY (Lot, block and subdivision or metes and bounds description):

CURRENT ZONING DISTRICT OF PROPERTY: _____

DESCRIPTION OF ZONING AMENDMENT: _____

For Office Use Only:

Planning Commission: ___ Approved ___ Denied Date: ___/___/___

City Council Decision: ___ Approved ___ Denied Date: ___/___/___

Amendment Approved: ___ Yes ___ No Date: ___/___/___

Permit Number: _____ **Staff Signature:** _____

1. Is the proposed zoning amendment requested to correct an error made in the City of Pierz Comprehensive Plan or Zoning/Subdivision Ordinance?

Yes No Please state section number and nature of error below:

2. How is the proposed zoning amendment consistent with the City of Pierz Comprehensive Plan?

Yes No Please write how the amendment is or is not consistent below:

3. Is the proposed zoning amendment in response to changes in the character of development within the vicinity the amendment addresses?

Yes No Please explain "Yes" and "No" answers below:

You are asked to attend the City of Pierz Planning Commission on ____/____/____ at _____ a.m./p.m. This application will then be heard at the next City Council meeting immediately following the date above unless you are otherwise notified. If you are unable to attend either of these meetings please contact City Hall at (320) 468-6471. I hereby certify that I have completed this application to the best of my knowledge and ability and that all work will be done as stated herein and in accordance with all applicable laws and ordinances of the City of Pierz and the State of Minnesota.

Signature of Applicant

Date

Signature of Fee Owner (if different)

Date

AFFIDAVIT OF APPLICATION

STATE OF MINNESOTA)
)SS.
COUNTY OF MORRISON)

We, the undersigned, being first duly sworn, on oath depose and state based on personal knowledge as follows:

1. That we desire to submit the attached application effecting the real estate described therein, and

2. That we are all of the fee owners of the said real estate, or if all of the owners have not personally signed this affidavit below, then a valid power of attorney, conservator, or person acting with proper authority as a demonstrated by an attached court order for each said person has signed below on their behalf, and

3. That all information contained in the attached application submitted herewith is true and correct.

APPLICANTS

(All owners or those with proper authority as described above)

_____	_____
_____	_____
_____	_____

Subscribed and sworn before me
This _____ day of _____ 200_.

STAMP
