APPLICATION FOR REZONING

PIPESTONE COUNTY ZONING ORDINANCE

Owner:			Phone:			
Address:					_Zip:	
Applicant:		Phone:				
Address:			Zip:			
*******	******	******	******	******	*******	
Legal Description:						
Township name:	ownship name: Section number:		Quarter Section:			
Township number: T	N *******	Range R	_ W ******	Quarte	er of quarter:	
Required Exhibits:		p that includes to one-half mile b		in question		
*******	******	******	******	*******	*******	
Type of Rezoning Re	quested:					
Describe Proposed Us	se of Land:					
Signature of Applicar	nt:		Γ	Date:		
		Date:				
	******		******	******	*********	
Public Hearing:					Fee: \$500.00	
	Place:					
Conditional Requiren			-			
Planning Commission	n Recommend	lation: Approve	e Deny		ove on Condition	
Pipestone County		Approve	Deny	Approve	on Condition	
				Date: _		
Chairman of Planning Commission			Chairma	Chairman of County Commissioners		
Pinestone County Zor	ning Administ	trator				