

CITY OF HOLDINGFORD



www.holdingfordmn.us

320.746.2966

PLANNING & ZONING APPLICATION

Type of Request:

Conditional Use Permit Preliminary Plat
Rezoning Final Plat
Planned Unit Development Property Division
other

Applicant Phone Email

Address

Owner (if different from above) Phone

Address Email

Location of Property Parcel # 58.

Legal Description of Property

Present Zoning Proposed Zoning

Existing Use of Property

Describe the reasons for this request

Has the present applicant previously sought to rezone or obtain a conditional use permit?
If so, when? What was requested?

The undersigned certifies that they are familiar with application fees and other associated costs, and also with the procedural requirements of the City Ordinance.

Applicant's Signature Date

Owner's Signature Date

FOR OFFICE USE ONLY:
Fee paid \$ Date paid
Date received: Hearing/Meeting Date:
Surrounding property owners notified:
City Council Action: APPROVED DENIED Date: