



Planning & Zoning 209 E Chapman St., Ely, MN 55731
(218)365-3224 Ext 3

Rezoning Application

APPLICANT INFORMATION:

A. Applicant / Owner _____ Phone no. _____
Address _____ Email: _____
Authorized Representative _____ Phone no. _____
Address _____ Email: _____

B. Parcel Code _____
Legal Description _____
Address of affected property (if different from above) _____

C. Current Zoning of the Property _____

D. Proposed Zoning of the Property _____

E. Lot Dimensions	Dimension(s) of Proposed Building or Addition
Width _____ ft.	_____ ft. x _____ ft. = _____ sq. ft.
Length _____ ft.	Bldg. height _____ ft. = _____ Stories
Area _____ sq. ft.	Total Area (including new) _____ sq. ft.

F. Lot Information relevant to the Rezoning request:

G. Description of Request (what is the intended use of the property):

H. Reason for Request: _____

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- I. A lot layout will be provided by the applicant showing present & proposed structures, square footage of all structures and distance(s) of structure(s) from property lines. (attach supplemental pages if necessary)

- J. Describe how the proposed rezoning will be compatible with the Comprehensive Plan (see City website for a copy of the Comprehensive Plan or contact the Planning and Zoning Administrator.)

WHAT HAPPENS NEXT? Staff will review your application and determine if the application is complete. If the application is complete, the application will be scheduled for a Public Hearing with the Board of Adjustment (BOA) who will recommend action to the City Council. The City Council issues final approval or denial of the Rezoning request.

*I hereby certify that I am the owner or authorized agent of the owner of the above property and that all uses will conform with existing state laws and ordinances. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional and unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid.

Name of property owner (print) _____

Signature of Applicant or Authorized Agent _____

Date _____

<i>CITY USE ONLY</i>	
Date received by Planning and Zoning Department: _____	
The Rezoning Application is complete:	<input type="checkbox"/>
The Rezoning Application requires the modifications listed below:	<input type="checkbox"/>
Further information needed:	<input type="checkbox"/>
The project is not a use permitted in the proposed Rezoning:	<input type="checkbox"/>
Signature of Zoning Administrator	Date
BOA Hearing Scheduled: _____	Date: _____
Rezone (Approved) or (Denied) _____	Date: _____
Recommendation made to City Council on: _____	Date: _____