

APPLICATION FOR AMENDMENT

Kandiyohi County Zoning

County Office Building, 400 SW Benson Ave, Willmar, MN 56201, 320-231-6229

Version: March 2010

OFFICE USE Fee _____ Hearing Date _____ Application Number _____ Date Received _____ Date Mailed _____ Zone _____ AS400 ___ Excel ___

Property

Owner _____
Last First MI

Mailing

Address _____
City State Zip

Property Address _____

Applicant _____

(If different than owner) Last First MI Daytime Phone

Address City State Zip

Lake _____ Township _____ Section _____

Tax Parcel Number _____ Daytime Phone _____

Legal Description _____

Proposed Amendment _____

I have read the above Amendment and I agree that it correctly states the nature and extent of the use I am requesting, and the legal description of the real property effected.

Any deviation from the use requested or violation of the conditions established in conjunction with the amendment granted pursuant to this application may be prosecuted as a Misdemeanor as more fully provided in CHAPTER 2: 2-8 and 2-9 of the Kandiyohi County Zoning Ordinance.

Signature of Property Owner (legal name) _____ Date _____ DOB _____

This Amendment does not constitute a building permit, sewage system permit or the like. Separate permits may have to be applied for and obtained in order to accomplish all of the goals of your project. The issuance of this amendment does not negate the need to secure other permits from other local units of government, state agencies or federal agencies who may also have jurisdiction over portions of your project.

SITE PLAN

NAME _____ TAX PARCEL NUMBER _____

Information to be included in site plan

- _____ Location & size of **ALL** existing and proposed structures
 - _____ Location of well & septic
 - _____ Location of road(s) & driveway(s)
 - _____ Distance from lake, road(s), & property lines
 - _____ Total lot square footage
 - _____ Total impermeable surface square footage
- *Previous Variance/Conditional Use on the property? _____

SITE PLAN
NORTH ↑

