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For more information, check out our website at: www.stlouiscountymn.gov/land-use

[illegible]**APPLICANT**

Date _____

*ZIP

Contact Person #

ZIP

Email Address *Where to email permit. Providing an email address will expedite the time in which a permit is received by an applicant.*

PLEASE MAKE CHECKS TO: ST. LOUIS COUNTY AUDITOR

☐ Initiated by individual - **\$685** ☐ Initiated by township

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | *Is the proposed zoning located in an organized township? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | *Is the township applying for the rezoning? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was public notice provided in the local newspaper or township newsletter? If yes, please attach a copy of the notice. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was public notice provided to adjacent property owners? If yes, please attach a copy of the notice. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was the public notice posted at least 30 days prior to action by the township? |

1. *Please explain the reason for the map rezoning request:

3. *What is the proposed zoning of the property?

4. *How would the neighborhood benefit from the proposed rezoning?

5. *How would the public benefit from the proposed rezoning?

***Indicates required field. Incomplete applications will be returned.**

AGREEMENT

By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. ***Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.*** I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release St. Louis County and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

CONTACT: Planning and Zoning Department

Technical Assistance

Toll Free: 1-800-450-9777

Land Use Information

www.stlouiscountymn.gov/land-use

Duluth

Government Services Center

320 West 2nd Street, Suite 301

Duluth, MN 55802

(218) 725-5000

Virginia

Government Services Center

201 South 3rd Avenue West

Virginia, MN 55792

(218) 749-7103

Office Use Only

Receipt # _____

Receipt Date _____

Payment Amount _____

Paid By _____