



PETITION FOR REZONING

- (1) Required information accompanying petition to change district boundaries shall contain the following:
 - A. The names and address of the petitioner(s) and all current property owner(s) and their signatures to the petition.
 - B. A specific description of the area proposed to be rezoned, and the names and addresses of all owners of property lying within such area, a description of the property owned by each, and a signature by each.
 - C. The present district classification of the area and the proposed zoning classification.
 - D. Proposed use of the land.
 - E. A legal description of the property/properties to be rezoned.
 - F. Map, plot plan, or survey plot of area to be rezoned (showing location, dimensions, zoning of adjacent properties, existing uses and buildings of adjacent properties within five hundred (500) feet in incorporated areas, and one-half (1/2) mile in unincorporated areas drawn to scale).
 - G. Additional information as may be requested by the Planning Commission or the Board of County Commissioners.
- (2) Our Office Staff and a Planning Commission representative shall make an on-site inspection prior to the meeting date.
- (3) The burden of proof and required exhibits in these matters, as they apply to an application for rezoning, rests on the applicant.
- (4) Any questions or concerns should be directed to the Planning & Zoning at 215 1st Ave South, Suite 103, Long Prairie, MN 56347 or Phone Number 320-732-4420 Email: toddplan.zone@co.todd.mn.us
- (5) Rezoning application fee of \$500.00 made payable to Todd County Treasurer must accompany this application.
- (6) Application must be received in the Planning & Zoning Office 215 1st Ave. So, Suite 103, Long Prairie, MN 56347 by the scheduled closing date/time to be considered at a subsequent Planning Commission Meeting (see PC Schedule).
- (6) Before submitting this application it will be necessary for you to provide evidence that all existing septic systems on this parcel are in compliance. Evidence may either be (1) a copy of a county inspection form that shows septic is less than five years old; or (2) a copy of a "Compliance Inspection Form for Existing Sewage Treatment Systems" that is less than three years old. If you do not have either of these, you will need to have your system inspected by a MN-licensed STS inspector prior to submitting your application. During winter months, a receipt from a licensed inspector stating that the system will be inspected in the spring may be submitted instead.



APPLICATION FOR REZONING

Applicant _____ Mailing Address _____

Site Address _____

Phone Number _____ E-Mail Address _____

Property Owners Name & Address (if not applicant) _____

Parcel ID(s) _____ Township _____

Land is currently zoned: AF-1 / AF-2 / R-2 / R-10 / Comm. / LM-I / Shoreland

If Shoreland list Lake/ River: _____

Zone requested: AF-1 / AF-2 / R-2 / R-10 / Comm. / LM-I / Shoreland

Full and Current Legal Description(s) _____

Current tax statement or other proof of ownership attached? _____ Yes _____ No

Reason for Rezoning Request _____

*****Aerial photo or survey showing land to be rezoned must be attached.*****

If the applicant is not the property owner, both signatures are required below.

Applicant Name Printed

Signature

Date

Property Owner Name Printed

Signature (If different than applicant)Date