

**Haven Township
 PLANNING & ZONING ADMINISTRATION
 P.O. Box 339
 St. Cloud, MN 56302-339
 (320) 248-5866**

Application for Re-Zoning/Ordinance Amendment		
_____ Re-Zoning/ Amendment	\$2,500 Application Fee	Receipt No. _____
		Date Paid _____
	\$_____ Total Paid	Date of Complete Application: <i>(for office use only)</i>
Fees are Non-Refundable		_____ / _____ / _____

To be completed by Applicant

Applicant's Name: _____	Daytime Phone: _____
Applicant's Address: _____	Cell Phone: _____
_____	Email: _____

Property Owner(s): _____	
Property Owner's Address: _____	
Legal Description: _____	

Acreage: _____	Section: _____
Township: _____	Range: _____
PID: _____	Zoning District: _____
Explanation of Request: <u>[attach a separate sheet of paper with information required in Section 16, Subd. 2, and with any specific information required under Section 12.]</u>	
Does this request comply with your Protective Covenants?(check one) Yes ___ No ___ N/A ___	

Applicant's Signature: _____	Date: _____
Print Name of Applicant: _____	
Property Owner(s) Signature: _____	Date: _____
Print Name of Owner(s): _____	
By signing this Application, the landowner(s) agree to permit the Town to enter the property for the purposes of inspecting the applied and/or permitted use.	

Applications will not be considered complete until the following has been received
(Staff will check items for Applicant to submit depending upon the type of project):

_____	Application to be signed and dated by Applicant(s) and Property Owner(s)
_____	Fees Paid Receipt # _____ Recording Fee Paid: _____
_____	Written description of the business, use, and/or activities on the property
_____	Site Plan or Aerial Photograph showing all existing and proposed buildings (include dimensions), wells, septic, outside storage areas, driveway, pedestrian access, parking areas, and public & private easements
_____	Description of the type and number of vehicles used on the property (i.e. cars, trucks, trailers, bobcat, etc.)
_____	Existing and proposed screening to hide use from neighboring homes
_____	Certificate of insurance
_____	Comments from City of St. Cloud
_____	Comments from County Highway Department
_____	Other _____

Application requests will not be scheduled for a public hearing until all comments have been received by the Zoning Office. Return Applications to:
Haven Township
Jeff Schlingmann
5736 - 16th Avenue SE
St. Cloud, MN 56304

What happens next?

The Town will review your application and mail you a letter if your application is complete, or a letter stating the reasons why your application is not complete, and what additional information is needed. Then your Re-Zoning will be scheduled for a Public Hearing with the Town Planning Commission, who may give a recommendation for approval or denial. Your neighbors will be notified of your application and be given an opportunity to speak for or against your request at the Public Hearing. Your Re-Zoning will then be reviewed by the Town Board for approval, denial, or they may send your request back to the Planning Commission for consideration. The Town Board's decision to approve/deny your Re-zoning is then recorded in the Recorder's Office.

It typically takes 2-3 months from the time a complete application is submitted until the Town Board acts on the Re-Zoning. If you have any questions, please call the Zoning Office at (320) 224-2041.