

LeSauk Township
Stearns County, Minnesota
ZONING APPLICATION

This is an application for:

- | | |
|---|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Interim Use Permit | <input type="checkbox"/> Lot Line Combination |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Substantially Similar Use |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Zoning Ordinance - Text Amendment |
| <input type="checkbox"/> Minor Subdivision (3 Lots or less) | <input type="checkbox"/> Appeal |
| <input type="checkbox"/> Major Subdivision (4 lots or more) | |

Applicant: _____ Phone: _____
Address: _____ E-Mail: _____
City/State: _____

Owner: _____ Phone: _____
Address: _____ E-Mail: _____
City/State: _____

Parcel #: _____ Acres: _____
Property Address: _____ (attach full legal description(s))
LeSauk Township Zoning District _____

***PLEASE NOTE** – Applications for a conditional use permit, variance, rezoning or subdivision of less than 40 acres regarding property in the Township’s Urban Services District (U-1) **MUST BE** submitted to the **City of Sartell Planning and Community Development Department** at the following address:

City of Sartell
125 Pinecone Road North
Sartell, MN 56377

Brief Description of Request (attach all additional information required by the Zoning Ordinance):

If requesting a variance or an amendment, list the specific provision(s) of the Zoning Ordinance involved and attach an explanation of the reasons for the request: _____

If this is an appeal, attach an explanation of the decision being appealed from and a detailed explanation of the reasons for the appeal.

I swear that all information submitted by me (or my agent representing me) as part of this request is true, correct, accurate and complete to the best of my knowledge. I understand and agree I am responsible for complying with the application provisions of the Town’s Zoning Ordinance, I am required to obtain all other permits required by law, and that the Town will not process this application until it is complete and the required application fee and escrow are submitted. I hereby authorize LeSauk Township representatives to enter upon property as reasonably needed to gather information pertinent to this application.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

<i>Town Use Only</i>	
Date Application Received: _____	Received by: _____
Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of notice to applicant _____
Application Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____
Escrow Money Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____
Date Approved: _____	Date Denied: _____