



REZONING APPLICATION

Department of Planning and Economic Development
Zoning Section
1400 City Hall Annex, 25 West Fourth Street
Saint Paul, MN 55102-1634
(651) 266-6583

Zoning Office Use Only	
File #	_____
Fee Paid \$	_____
Received By / Date	_____
Tentative Hearing Date	_____

APPLICANT

Property Owner(s)	_____
Address	_____ City _____ State _____ Zip _____
Email	_____ Phone _____
Contact Person (if different)	_____ Email _____
Address	_____ City _____ State _____ Zip _____

(Attach additional sheet if necessary to include all of the owners of at least 67% of the area of the property to be rezoned.)

PROPERTY INFO

Address/Location	_____
PIN(s) & Legal Description	_____
<i>(Attach additional sheet if necessary.)</i>	
_____	_____
_____	_____ Lot Area _____ Current Zoning _____

TO THE HONORABLE MAYOR AND CITY COUNCIL:

Pursuant to Saint Paul Zoning Code § 61.801 and Minnesota Statutes § 462.357, _____

owner(s) of land proposed for rezoning, hereby petition(s) to rezone the above described property from a _____ zoning district to a _____ zoning district, for the purpose of:

Attach additional sheets if necessary. Attachments as required: Site Plan Consent Petition Affidavit

If you are a religious institution you may have certain rights under RLUIPA. Please check this box if you identify as a religious institution.

Subscribed and sworn to before me

Date _____ 20____

Notary Public

By: _____
Fee owner of property

Title: _____