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				

ΑP	ΡL	IC	AN1

	Property Owner(s)						
APPLICANT	Address			Zip			
		Email Phone Email 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.)						
ROPERTY	Address/Location						
NFO							
	PIN(s) & Legal Description						
		Lot Area	Current Z	oning			
	ORABLE MAYOR AND CITY COUN aint Paul Zoning Code § 61.801 and						
owner(s) of la	nd proposed for rezoning, hereby pe	tition(s) to rezone the above desc	ribed property from	 ı a			
		a zo					
Attach addition	nal sheets if necessary. Attachment	s as required: Site Plan	Consent Petition	☐ Affidavit			
☐ If you are a i	religious institution you may have certain ri	ghts under RLUIPA. Please check this	box if you identify as a	religious institution.			
Subscribed ar	nd sworn to before me	_					
Data	20	By: ₋	Fee owner of p	ronerty			
Date	20		i ce owner or p	поренту			
- N1	tary Public	Title	:	 			
No	tary Public						
Subscribed ar	nd sworn to before me	D.					
Date	20	Ву: _	Fee owner of p	roperty			
Date	20						
	D. J. F.	Title	:	 			
Not	tary Public						