

TOWNSHIP COOPERATIVE PLANNING ASSOCIATION -- REZONING APPLICATION

4111 11th Avenue SW Room 10
Rochester, MN 55902

-- **TCPA** --

(507) 529-0774
Fax: (507) 281-6821

TOWNSHIP _____ DATE _____

Property Address _____

City

State

Zipcode

Legal Property Description _____

Property Owner _____ Telephone # _____

City

State

Zipcode

Type of Request Conditional Use Permit Rezoning Review of Decision
 Other _____

Request Description _____

Reason for Request _____

Existing Use of Property _____

Present Zoning Classification _____ Requested Zoning Classification _____

Has a request for rezoning, variance, or conditional use on the property been previously sought?

Yes

No

If Yes, when? _____

Signature of Applicant _____ Date _____

Filing Fee \$ _____, made payable to *TCPA*

Reviewed by the Planning Commission on _____, to consider the above request.

Approved Denied for the following reason(s) _____

Chairperson's Signature _____

Reviewed by the Town Board of _____ on _____, to consider the
recommendations of the Planning Commission on the above request. Approved Denied for the

following reason(s) _____

Board Chairperson _____

Town Clerk _____

Supervisor _____

Supervisor _____