



**Zoning Request Application**  
**City of Gem Lake, Minnesota**

4200 Otter Lake Road, Gem Lake, MN 55110

651 747-2790/92 – fax 651 747-2795

[city@gemlakemn.org](mailto:city@gemlakemn.org)



Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/cell: \_\_\_\_\_ email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/zip: \_\_\_\_\_

Legal Description or PIN #: \_\_\_\_\_

Street address: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Current Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

**Type of Request:**

- |   |   |
|---|---|
| <input type="checkbox"/> Application for Rezoning               | <input type="checkbox"/> Application for Zoning Amendment |
| <input type="checkbox"/> Application for Conditional Use Permit | <input type="checkbox"/> Application for Variance         |
| <input type="checkbox"/> Planned United Development (PUD)       |   |

**Description of Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Requests (To be filled out by the City of Gem Lake):**

Has a request for zoning consideration for this property been previous considered?

Yes     No    If yes, what date: \_\_\_\_\_

Was the request for zoning consideration for this property approved?

Yes     No    If yes, what date: \_\_\_\_\_

Has any request for zoning consideration for this property owner been previously considered?

Yes     No    If yes, what date: \_\_\_\_\_

Was the request for zoning consideration of this property owner approved?

Yes     No    If yes, what date: \_\_\_\_\_

Note: This application may require additional documentation to be considered complete. Once all documentation has been received, the City will decide on this matter within sixty (60) days. In the event the matter is very complicated and will require substantial discussion and evaluation by more than one person or body, the city may request that you waive the sixty (60) day decision period to avoid unnecessary denial of your application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

For office use only:

fee paid

Zoning Administrator Approval:

Yes: \_\_\_\_\_  
Signature and date

No: \_\_\_\_\_  
Signature and date

Comments:

\_\_\_\_\_

\_\_\_\_\_

Date Application Complete: \_\_\_\_\_  
(60 day rule compliance)