



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



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)