City of Gem Lake Heritage Hall



Heritage Hall 4200 Otter Lake Road | Gem Lake, MN 55110 651-747-2790/92 | 651-747-2795 (fax) E-mail city@gemlakemn.org

Zoning Request Application

Applicant Information			
Applicant:			
Address:			
City:		State:	Zip:
Home Phone:	Cell Phone:		
Email:			
roperty Information			
Property Owner:			
Address:			
City:		State:	Zip:
Legal Description or PIN #:			
Current Zoning:	Current Use:		
ype of Request			
Application for Rezoning Application for Conditional Use Permit Planned Unit Development (PUD) Description of Request:	Application for Zoning Amend Application for Variance		
Reason for Request:			
Reason for Request:			
Reason for Request: Note: This application may require additional docume ecide on this matter within sixty (60) days. In the entere than one person or body, the City may request pplication.	nentation to be considered complete. One vent the matter is very complicated and v	ce all documentation l	nas been received, the City will

Office Use Only		
Has a request for zoning consideration for	r this property ben previously 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?	
	If yes, what date:	
Was the request for zoning consideration		
Yes No	If yes, what date:	
Date Request Received:	Date Application Complete:	
Conditional Use Permit paid:		
Application Fee:	Escrow Fee:	
Application Card Processing Fee:	Escrow Card Processing Fee:	
Application Fee Total:	Escrow Fee Total:	
Check No.:	Receipt No.:	
Date Application Approved:		
Date Permit Denied:		
<u>Comments</u>		