

APPLICATION FOR REZONING, CONDITIONAL USE PERMIT, OR
VARIANCE

The City Of Detroit Lakes

Name Of Applicant: _____

Mailing Address: _____

Telephone No. _____

Action Requested: _____ Rezoning _____ Zoning District Requested

_____ Variance _____ Conditional Use Permit

_____ Subdivision _____ Number Of Lots

Address Of Property To Be Affected: _____

Parcel Number: _____

Legal Description Of Property: Note: Attach copy of the property deed to show correct
legal description _____

Size of Property: (Dimensions) _____

Current Zoning Of Property _____

Current Use Of Property _____

Brief Description Of Project _____

\$200. Fee Paid _____ Yes _____ No

Signature Of Applicant: _____

Please attach any applicable maps or drawings to be presented to the Planning
Commission.