



CITY OF NEVIS APPLICATION FOR AMENDMENT TO THE ZONING ORDINANCE

P.O. Box 108, 104 Main Street West, Nevis, MN 56467

Phone: (218) 652-3866. Email: neviscty@gmail.com

Application Fee: \$300.00 _____

Zoning Ordinance Amendment: This is a request for a change in zoning.

Applicant: _____ Phone: _____

Address: _____

Description and Reason for Request: _____

Legal Description of Property: _____

Property PID # _____ Property is currently zoned: _____

What is the reason for the request: _____

Agreement: By submitting this application, I certify and agree that I am the owner or authorized agent of the owner of the above property, and that all uses will conform to the provisions of the City of Nevis. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, surveys, site plans, building plans and other information before the application is accepted or approved. Intentional or unintentional falsification of this application or any attachments thereto will be making the application, any approval of the application and any resulting permit invalid. I authorize City of Nevis staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I realize the City of Nevis and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the applications or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

Signature of Applicant

Date

Planning Commission: _____ approved _____ approved with changes _____ denied

Signature of Planning Commission Chair Person

Date

City Council Action: _____ approved _____ denied _____ other

Signature of Mayor, Jeanne Thompson

Date