



**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](mailto:neviscty@gmail.com)

**Application Fee: \$300.00** \_\_\_\_\_

**Public Hearing:** a Public hearing is required for a zoning amendment in Minnesota. Under state statutes municipalities (Mn Statutes Chapter 462), local planning commissions and/or city councils must hold a public hearing before adopting or amending any zoning ordinance.

**Legal Notice:** Notice of the hearing must be published in the official local newspaper at least 10 days before the hearing takes place.

**Mailed Notice:** For zoning amendments affecting district boundaries of 5 acres or less, written notice is typically mailed to property owners within 350 feet of the affected parcel.

**Planning Commission Review:** The proposed amendment is usually reviewed by the local Planning Commission, which conducts the hearing, gathers feedback, and makes a recommendation to the City Council.

**Time:** Applicants, keep in mind the city office will need your application at least 2-weeks prior to the public hearing to ensure it is published and letters mailed.

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**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

Office Staff Section:

All documentation was received with application: \_\_\_\_\_ if not, what was missing  
\_\_\_\_\_

If not, what date did you notify the applicant that they needed to provide more information:  
\_\_\_\_\_

Full application received date: \_\_\_\_\_

Planning Commission: \_\_\_\_\_ approved \_\_\_\_\_ approved with changes \_\_\_\_\_ denied

\_\_\_\_\_  
Signature of Planning Commission Chair Person

\_\_\_\_\_  
Date

The Nevis City Council met on \_\_\_\_\_, your application is

(approved, denied) by Resolution.

If denied, reason is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant was notified on: \_\_\_\_\_

**The City of Nevis will record the amendment with the Hubbard County Recorder's Office in Park Rapids, MN.**