



REZONING PERMIT APPLICATION

TOWN OF GNESEN – 6356 HOWARD GNESEN ROAD - DULUTH, MN 55803 - 218-721-3158

Today's Date:		
PROPERTY OWNER INFORMATION		
Owner's Name:	PIN:	
Site Address:	Owner's Address:	
E-mail address:	Home Phone #:	Cell Phone #:
Full legal description:		
APPLICANT INFORMATION – IF NOT OWNER		
Applicant name:	Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Owner's Agent	
Applicant address:	City: State: Zip:	
Applicant E-mail address:	Applicant Phone #:	
DESCRIPTION OF REQUEST		
Lot Dimensions: _____ X _____	Lot Area: _____ Acres	
Current Zoning: _____	Proposed Zoning: _____.	
Describe reason for request:		
Is this use allowed in the requested land use district?		
We believe that this rezoning will be in the public interest because;		
Scaled sketch with building location as to property lines and location of well and septic required. <input type="checkbox"/> Received		
<p>I do hereby certify that I am the owner or authorized agent of the owner of the above property and that all uses will conform with existing State Laws and local ordinances. I further certify that I will comply with all conditions placed upon this permit should this application or any attachments thereto will serve to make this application and resultant permit invalid.</p>		
_____	_____	
Applicant's signature	Date	

Office Use: Fee paid: Yes

Application approved: _____ Application rejected: _____ P&Z Chair: _____

Application approved: _____ Application rejected: _____ Town Board: _____

Revision date: 12-05-2023

Site Sketch Form

The Sketch is to graphically illustrate your proposed projects(s)

Draw and Label on Sketch (in feet)

- All Structures on the Property and Dimensions
- All Driveways, Access Roads, and Wetlands
- All Proposed Structures and Dimensions

- Distance of Proposed Structures to Shoreline (Closest Point)
- Distance of Proposed Structures to Septic System and Tank
- Distance of Proposed Structures to Property Lines
- Distance of Proposed Structures to Road Centerline and Right-of Ways

You may submit your own site sketch **IF it has the required information indicated above.**

Sanitary Review: (To be determined by appropriate sanitary authority.)

Will the proposal, as shown below, negatively impact the SSTS/sanitary line or replacement area? Yes No

Sign off:

Signature _____ Title _____

