



Growing Through Collaboration

City of Renville Application for Rezoning Permit

For Office Use Only

Receipt Date:

Ck #:

Fee Pd:

Date: _____ Applicant: _____

Fee: \$75.00 Phone: _____

Address: _____

Legal Description of Property: _____

Address of Property: _____

Present Zoning Classification of Property: _____

Zoning Classification Requested for the Property: _____

Existing Use and Proposed use of the Property: _____

Name and addresses of the owners of all property within three hundred fifty (350) feet of the property property for which the change is requested.

(City Staff will compile this list)

A statement of the reasons why the applicant believes the present zoning classification is no longer valid

A map showing the locations, dimensions and use of the applicant's property and all property within (350) feet thereof, including streets, alleys, railroads and other physical features.

Signature of Applicant: _____

Signature of Zoning Administrator: _____