



**CITY OF LONG PRAIRIE  
REZONING APPLICATION**

APP # _____
Date _____
Fee _____
Check # _____
(for office use only)

**APPLICATION:**

- A. Applicant shall complete Application and submit to the City.
- B. All applications must be submitted **30 days** prior to the date in which applicant wishes to be heard.
- C. The fee shall be paid by the applicant at the time of application, rezone fee per city fee schedule.

**REVIEW:**

- A. Staff shall review the application for completeness and assign a reference number to application, plans, and any other attachments. Applicant will be notified where additional information is needed.
- B. After receipt of a completed Application and supporting documents, staff shall schedule a public hearing, if required, date on the City Council's agenda for the earliest possible opening. Applicant will be notified by mail or email of the date and time of the public hearing.
- C. Staff will prepare a staff report on the application.
- D. The Fee Schedule is based on average processing and review costs for all applications. When costs exceed the original application fees, the applicant shall reimburse the City for any additional costs. Such expenses may include, but are not limited to, payroll, mailing costs, consultant fees and other professional services the city may need to obtain in reviewing permits.

**ACTION:**

- A. The City shall hold a public hearing on the application.
- B. The City shall consider the request.

**CONTACT INFORMATION:**

City of Long Prairie  
615 Lake St S  
Long Prairie, MN 56347  
(320) 732 - 2167



CITY OF LONG PRAIRIE
REZONING APPLICATION

APP # \_\_\_\_\_
Date \_\_\_\_\_
Fee \_\_\_\_\_
Check # \_\_\_\_\_
(for office use only)

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address (E911#): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
(if different than above)

City, State, Zip: \_\_\_\_\_

Applicant is:

- Legal Owner
Contract Buyer
Option Holder
Agent
Other: \_\_\_\_\_

Title Holder of Property: (if not applicant)

(Name)
(Address)
(City, State, Zip)

Location of property involved in this request:

\_\_\_\_\_
\_\_\_\_\_

Property ID #: \_\_\_\_\_ Zoning District: \_\_\_\_\_
(# on tax statement)

Nature of request (select only one):

- Rezoning
Proposed New Zoning District: \_\_\_\_\_

Additional Information you wish to provide:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature of Owner & Date, authorizing application (required): \_\_\_\_\_
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant & Date, (if different than owner): \_\_\_\_\_
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

## CHECKLIST

- \_\_\_\_\_ Completed application, signed by property owner
- \_\_\_\_\_ Fee
- \_\_\_\_\_ All current City charges paid
- \_\_\_\_\_ Site plan with the minimum information outlined in the Ordinance (unless waived by zoning Administrator):