



OFFICE OF THE ZONING ADMINISTRATOR

344 W. MAIN ST.
 MARSHALL, MN 56258
 PHONE: (507) 537-6773
 FAX: (507) 537-6830

File No. _____

APPLICATION FOR PLANNING COMMISSION ACTION

Date of Application: _____

Applicant: _____ Phone Number: _____

Address: _____ Marshall MN 56258

Location of Application: _____

Legal Description: _____

Parcel Number: _____

Application for (Check One) (Per Current Resolution Fees & Rates)	Fee	General Description and Reason for Request
_____ Conditional Use Permit \$300.00 plus \$300.00 *Escrow	\$600.00	
_____ Variance Adjustment Permit \$300.00 plus \$300.00 *Escrow	\$600.00	
_____ Map Amendment Request \$300.00 plus \$300.00 *Escrow Present Zone: _____ Proposed Zone: _____	\$600.00	
_____ Flood Plain Ordinance Action	\$250.00	
_____ Platting: _____ acres		
_____ Preliminary Plat	\$70/acre	
_____ Final Plat	\$50/acre	
_____ Planned Unit Development (PUD) _____ acres	\$200/acre	
* Escrow will be used for direct costs incurred by the City of Marshall. The difference will be refunded if OVER \$5 or billed if OVER \$50		

I hereby certify that I have read and examined this application and know the same to be true and correct. That granting a request does not give authority to violate any provisions of State or Local Law regulating land use.

I hereby submit this Application for Planning Commission Action. I agree to pay the application fee upon filing. In addition, I understand I will be billed for any direct costs related to this application, which are due and payable regardless of approval or denial by the City Council. These direct costs include, but are not limited to, postage, publication/advertising and recording fees (Per current Resolution of Fees & Rates).

SIGNATURE OF APPLICANT

Date

Fee: _____

Receipt #: _____