

ISANTI COUNTY ZONING OFFICE
555 – 18th Avenue SW
Cambridge, MN 55008
763-689-5165

Fee \$ _____

Date Filed _____

Pin No. _____

Owner/Applicant: _____

Complete Address: _____

Phone Number: _____ Email: _____

Legal description of property: _____

_____ Total Acres _____

Sec. _____ Twp. _____ Range _____ Twp. Name _____

Action requested: *(check appropriate item)*

- | | |
|--|------------------------|
| _____ Variance <i>(please see additional form)</i> | _____ Preliminary Plat |
| _____ Conditional Use | _____ Final Plat |
| _____ Interim Use | |
| _____ Ordinance Amendment | _____ Other _____ |
| _____ Rezoning | |

Description of Request:

Signature Applicant: _____

THE APPLICANT AND/OR THEIR REPRESENTATIVE MUST ATTEND THIS MEETING.
IF NO ONE IS PRESENT, THE MATTER WILL BE TABLED TO THE NEXT MEETING.

NOTE: Sketch of proposed request must accompany application along
with a copy of your complete legal description.

NOTE: For preliminary plat and final plat application, 25 copies of the survey must
accompany this application or be brought in by the cutoff date.

Cutoff date to make application: _____

Date of Public Hearing: _____

*Board of Adjustment meetings are in the Board Room at 9:00 a.m.
Planning Commission meetings are in the Board Room at 7:00 p.m.*