

Application No. _____
Parcel No. _____
Fee Amount \$200.00 -
\$450.00 if goes to a public
hearing

SUPPLEMENTAL DATA FOR ADMINISTRATIVE ALTERATION

Polk Co. Planning and Zoning
P.O. Box 375
320 Ingersoll
Crookston, MN 56716
Phone (218) 281-5700 or 6445
Fax (218) 281-6471

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

The above named individual, firm or corporation hereby respectfully submits the following supplemental data in support of the preliminary information provided on the accompanying Land Use/Zoning Permit Application dated _____ for the purpose of securing an administrative alteration.

PROJECT INFORMATION

1. Specify the section of the ordinance that applies to this project: _____
2. Brief narrative description of this request: _____

3. Written justification for request including discussion of how any potential conflicts with existing nearby land uses will be minimized: _____

4. Explain the hardship imposed if strict application of the ordinance is enforced:

5. Check all additional supporting documents and data which are being submitted to help explain this project proposal: () sketch plan, () topographic map, () detailed narrative, () operation plans, () engineering plans, () floodplain hydraulic analysis, () flood proofing plans and specifications, () other (specify) _____

I hereby certify with my signature that all data on my application forms,
Plans and specifications are true and correct to the best of my knowledge:

(Signature of Applicant)

(Date)

ADMINISTRATIVE ALTERATION

In accordance with _____ of the *Polk County Zoning Ordinance*,
(Section of Ordinance)

I hereby () **approve**, () **deny** the foregoing Application for an Administrative Alteration. If approved, said approval is subject to any conditions put forth within the permit.

By: _____
(Authorized Signature) (Title) (Date)