

4111 11<sup>th</sup> Avenue SW Room 10  
Rochester, MN 55902

-- **TCPA** --

(507) 529-0774  
Fax: (507) 281-6821

TOWNSHIP \_\_\_\_\_ DATE \_\_\_\_\_

Property Address \_\_\_\_\_

City

State

Zipcode

Legal Property Description \_\_\_\_\_

Property Owner \_\_\_\_\_

Telephone # \_\_\_\_\_

City

State

Zipcode

Type of Request  Conditional Use Permit  Rezoning  Review of Decision  
 Other \_\_\_\_\_

Request Description \_\_\_\_\_

Reason for Request \_\_\_\_\_

Existing Use of Property \_\_\_\_\_

Present Zoning Classification \_\_\_\_\_

Requested Zoning Classification \_\_\_\_\_

Has a request for rezoning, variance, or conditional use on the property been previously sought?

Yes

No

If Yes, when? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Filing Fee \$ \_\_\_\_\_, made payable to TCPA

Reviewed by the Planning Commission on \_\_\_\_\_, to consider the above request.

Approved  Denied for the following reason(s) \_\_\_\_\_

Chairperson's Signature \_\_\_\_\_

Reviewed by the Town Board of \_\_\_\_\_ on \_\_\_\_\_, to consider the  
recommendations of the Planning Commission on the above request.  Approved  Denied for the

following reason(s) \_\_\_\_\_

Board Chairperson \_\_\_\_\_

Town Clerk \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_