

ZONING MAP CHANGE APPLICATION
COMMUNITY DEVELOPMENT, CITY OF WINONA, MINNESOTA 55987
P.O. BOX 378 507/457-8250 FAX: 507/457-8212

SITE ADDRESS: _____

Property Owner:	
Company/Individual _____	
Contact Person _____	E-Mail _____
Mailing Address _____	Office Phone _____
City/State/Zip _____	Mobile Phone _____
Applicant:	
Company/Individual _____	
Contact Person _____	E-Mail _____
Mailing Address _____	Office Phone _____
City/State/Zip _____	Mobile Phone _____

Zoning Applications will not be processed without payment of the \$483.50 fee.

Additional Information Required for Zoning Map Change:

- Proposed zoning classification: _____
- A map at a scale of not less than 1" = 100' showing the length and location of all property boundaries of the proposed amendment.

Signature of Applicant

Signature of Land Owner
(If different from applicant)

For Staff Use Only		
Date Received: _____	Zone Change # _____	Receipt # _____
Parcel #: _____	Current Zoning _____	Property Size _____
LEGAL DESCRIPTION OF PROPERTY: _____		
