

**2024
COMPREHENSIVE PLAN
TEXT AMENDMENT APPLICATION
COMMUNITY DEVELOPMENT, CITY OF WINONA, MINNESOTA 55987
P.O. BOX 378 507/457-8250 FAX: 507/457-8212**

Applicant:	
<i>Company/Individual</i> _____	
<i>Contact Person</i> _____	<i>E-Mail</i> _____
<i>Mailing Address</i> _____	<i>Office Phone</i> _____
<i>City/State/Zip</i> _____	<i>Mobile Phone</i> _____

This application will not be processed without payment of the \$520.00 fee.

Brief description of desired change:

Additional information required for the application is on following page.

Signature of Applicant

For Staff Use Only		
Date Received: _____	Comp Plan Change # _____	Receipt # _____
Parcel #: _____		
LEGAL DESCRIPTION OF PROPERTY: _____		

A Comprehensive Plan text amendment application requires the following information to be complete. Provide attachments as necessary.

- Respond to the following criteria to be considered by the Planning Commission and City Council when reviewing the proposed Comprehensive Plan map amendment:
 1. The amendment is consistent with the policies and objectives of the Comprehensive Plan.
 2. The amendment is being requested due to changes which have occurred since adoption of the Comprehensive Plan.
 3. The amendment will not have an undue impact on the health, safety, or welfare of the community.