



City of Winsted
201 First St. North
P.O. Box 126
Winsted, MN 55395

PLANNED UNIT DEVELOPMENT APPLICATION

Application Date: _____

Fee: **\$600.00**

APPLICANT: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Other #: _____

Application must include:

- 1) Narrative regarding the Planned Unit Development.
- 2) Preliminary Plat.
- 3) Final Plat.

I UNDERSTAND AND AGREE TO THE CONDITIONS AND PROCESS SET FORTH FOR A REZONING WITHIN THE WINSTED MUNICIPAL CODE. I FURTHER UNDERSTAND MY APPLICATION FEE IS NON-REFUNDABLE.

Applicant Signature _____ Printed Name _____ Date _____

Owner Signature (if different than above) _____ Printed Name _____ Date _____