



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

## REZONING APPLICATION

Application Date: \_\_\_\_\_

Fee: **\$600.00**

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**APPLICANT:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Application must include:

- 1) Narrative on the rezoning.
- 2) Site Map – per the code

**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.**

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Applicant

Date