Clitherall Township Otter Tail County, Minnesota

ZONING APPLICATION

This is an application for: Land Use Permit Variance Substantially Similar Use	Ordinance Amendment Appeal
Parcel #:	Acres:
Property Address:	(attach full legal description)
Parcel #: Property Address: Is this Torrens Property: □Yes □ No	
Applicant:	Phone:
Address:	E-Mail:
City/State:	
Owner:	Phone:
Address:	E-Mail:
City/State:	
Describe the request (attach all additional informa	non required by the Ordinance, .
involved and attach an explanation of the reasons explanation of the decision being appealed from a the appeal.	
By signing this application I certify, represent, and agree the agent representing me) as part of this request is trumy knowledge; I am responsible for understanding and Township's Ordinance; I am required to obtain all other application will not be considered complete and will not application fee and escrow are submitted to the Towns representatives to enter the property identified above a pertinent to this application.	ie, correct, accurate and complete to the best of complying with the applicable provisions of the permits required by law; and I understand this to be processed until it is complete and the required hip. I hereby authorize Clitherall Township
Applicant's Signature:	Date:
Owner's Signature:(Required)	Date:
Town Use C	
Date Application Received:	Received by:
Application Fee Received: DYes DNo	Amount: \$
Escrow Money Received: □Yes □ No Date Approved:	Amount: \$ Date Denied: