



City of Litchfield
 126 North Marshall Avenue
 Litchfield, Minnesota 55355
 Tel (320) 693-7201 Fax (320) 693-9134
www.ci.litchfield.mn.us

CHANGE OF ZONING APPLICATION

Address of Property _____

Parcel ID Number _____

Legal Description _____

APPLICANT: (If different than property owner, attach Owner's information and signature to application)

Name _____

Address _____

Phone _____

Email _____

Property is commonly referred to as _____

RESIDENTIAL DISTRICT

R-1 R-2 R-3
 Single Residence Multi-Family

BUSINESS DISTRICT

B-1 B-2 B-3 B-4
 Limited Retail Roadside General Shopping

INDUSTRIAL DISTRICT

I-1 I-2
 Limited General

A-1 A-2
 Agricultural General Preservation Agricultural

COUNTY ZONING

R-1 R-2 C-1 C-2 I-1
 Suburban Rural Commercial Neighborhood General Residential Commercial Industry

Other: _____

Present Zoning Classification _____

Request Change To _____

Present Use _____

Planned Future Use _____

Signature

Date of Application: _____

Fee \$ _____

Rec # _____

Date _____