



# City Planning Department

City Hall – 501 Laurel Street  
Brainerd, MN 56401  
218-828-2309/Fax 218-828-2316  
[www.ci.brainerd.mn.us](http://www.ci.brainerd.mn.us)

Receipt # _____
Check # _____
Date Paid: _____

## LAND USE APPLICATION

### RESIDENTIAL

- CONDITIONAL USE PERMIT (\$250.00)
- REZONING (\$300.00)
- VARIANCE (\$250.00)
- ZONING TEXT AMENDMENT (\$250.00)
- PLANNED UNIT DEVELOPMENT (\$250.00 + \$1,000.00 escrow deposit)

### COMMERCIAL

- (\$400.00 + \$500.00 escrow deposit)
- (\$500.00)
- (\$400.00 + \$500.00 escrow deposit)
- (\$400.00)
- (\$400.00 + \$1,000.00 escrow deposit)

PROPERTY ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_  
(attach description if lengthy)

Property Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: (If different than Property Owner) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of Request: \_\_\_\_\_

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Property Owner Signature

Date

(Please print name)

Applicant Signature

Date

(Please print name)