

**ARNA TOWNSHIP
PETITION TO AMEND ARNA ZONING ORDINANCE**

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ (include area code)

EMAIL: _____ (optional)

CITE THE SECTION REFERENCE NUMBER OR GENERAL LANGUAGE OF THE EXISTING ORDINANCE PROPOSED TO BE AMENDED:

STATE BRIEFLY (USE BACK SIDE IF NEEDED) THE REASONING OR WORDING OF THE SOLUTION YOU PROPOSE:

You will be notified in writing of the time, date, and place of a public hearing held by the Arna Planning Commission, in order to consider this application. You or a representative should be present to explain the details of your case. Attendance is helpful but not required.

SIGNATURE OF APPLICANT

Fee: \$1,300.00 to accompany this application

Make checks payable to: Arna Township

Return to:	Zoning Administrator	(or)	Arna Town Clerk
	47196 Witt Lane		49910 First Ave
	Markville, MN 55072		Markville, MN 55072
Phone:	320-242-3236		320-242-3409

A copy of our ordinance is available at: www.arnatownship.org

v 1/8/24