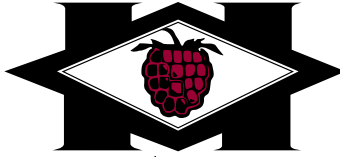


# Zoning Application



## City of Hopkins

1010 1st Street South • Hopkins, MN 55343 • 952.935.8474 • 952.935.1834 (fax)

[www.hopkinsmn.com](http://www.hopkinsmn.com)

Application Number:
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<b>Summary Form</b>			
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Applicant Name (Last, First):	Owner (if other than applicant):		
Mailing Address:	City:	State:	ZIP:
Daytime Phone Number:	Other Phone Number:		
Property Address:	City:	State:	ZIP:
Applicable Current Zoning Districts: <input type="checkbox"/> R-1-A <input type="checkbox"/> R-2 <input type="checkbox"/> B-1 <input type="checkbox"/> Institutional <input type="checkbox"/> R-1-B <input type="checkbox"/> R-3 <input type="checkbox"/> B-2 <input type="checkbox"/> Business Park <input type="checkbox"/> R-1-C <input type="checkbox"/> R-4 <input type="checkbox"/> B-3 <input type="checkbox"/> R-1-D <input type="checkbox"/> R-5 <input type="checkbox"/> I-1 <input type="checkbox"/> R-1-E <input type="checkbox"/> R-6 <input type="checkbox"/> I-2	Type of Zoning Request: <input type="checkbox"/> Concept Review <input type="checkbox"/> Zoning District Change <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Subdivision Approval <input type="checkbox"/> Variance <input type="checkbox"/> Ordinance Amendment <input type="checkbox"/> Other _____		

***I hereby certify that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.***

Applicant's Signature:	Date:
Owner's Signature:	Date:

<b>Administrative Data Summary (OFFICE USE ONLY)</b>	
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Planning Commission Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Application Received:  Fee Paid:
Council Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: Resolution Number:	Referred to City Engineer:  Referred to City Attorney:  Referred to Watershed District:
Date of public hearing notice:	Date of public hearing: