

**KASSON TOWNSHIP  
PLANNING/ZONING APPLICATION**

- CONCEPTUAL DEVELOPMENT PLAN REVIEW (PLANNED DEVELOPMENT)
- DEVELOPMENT SITE PLAN REVIEW
- SPECIAL USE PERMIT - EARTH REMOVAL, QUARRYING, GRAVEL PROCESSING, MINING OP'S
- SPECIAL USE PERMIT - ALL OTHERS
- SPECIAL USE PERMIT RENEWAL
- REZONING PETITION
- ZONING BOARD OF APPEALS PETITION

In addition to this application form, you must submit one or more addenda, corresponding to the box(es) you checked above.

**APPLICANT INFORMATION:**

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship of Applicant to Owner (If different) \_\_\_\_\_

**OWNER INFORMATION (IF DIFFERENT FROM APPLICANT):**

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OTHER CONTACT INFORMATION (IF NECESSARY):**

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PROPERTY INFORMATION:**

Address or Description \_\_\_\_\_  
Tax Parcel Number \_\_\_\_\_ (Also attach full legal description. A copy of the deed or land contract is acceptable)

Current Zoning:  Ag  Forest  Commercial  Gravel  HD Village  PD  SPD  
Proposed Zoning:  Ag  Forest  Commercial  Gravel  HD Village  PD  SPD

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**ACKNOWLEDGEMENT AND CERTIFICATION:**

It is hereby acknowledged by the undersigned, that all information provided on this application, any addendum, and other supporting documentation is true and correct to the best of my(our) knowledge. In the case of a Zoning Board of Appeals Petition, it is further acknowledged that any approval of the ZBA involving site improvement, use, and/or construction does not relieve the applicant from obtaining other applicable authorizations and permits

**SIGNATURES:**

Applicant(s) or \_\_\_\_\_ Date \_\_\_\_\_

Authorized \_\_\_\_\_

Corporate Officer(s)

Owner(s) or \_\_\_\_\_ Date \_\_\_\_\_

Authorized \_\_\_\_\_

Corporate Officer(s)

**REMINDER: SUBMIT THIS APPLICATION, THE APPROPRIATE ADDENDUM, THE REQUIRED FEE, ALL ATTACHMENTS AND DRAWINGS TO EITHER THE KASSON TOWNSHIP ZONING ADMINISTRATOR OR KASSON TOWNSHIP CLERK (SEE YOUR PARTICULAR ADDENDUM).**

**ZONING ADMINISTRATOR AND CLERK USE ONLY**

Application ID \_\_\_\_\_

Date and Time of Application Receipt \_\_\_\_\_ Received By \_\_\_\_\_

Date Fee Received \_\_\_\_\_ Amount Received \_\_\_\_\_

Date of Letter of Credit Received \_\_\_\_\_ Letter of Credit Amt \_\_\_\_\_

Date of Letter of Credit Expiration \_\_\_\_\_