

ZONING LETTER REQUEST FORM

Applicant Name

Company Name

Mailing Address (Street Address, City, State, Zip)

Phone

E-Mail

REQUESTED INFORMATION

Use this space to specify the information to be provided by the City, or attach a letter identifying the desired information.

Parcel number

Address

Information requested

SIGNATURE

Applicant Signature

Date

Please email this form and any supporting documents to planning@coonrapidsmn.gov. You can also drop off or mail hard copies to:

Planning Division
City of Coon Rapids
11155 Robinson Dr NW
Coon Rapids, MN 55433

A link will be emailed for you to pay the Zoning Letter Request Fee online after documents are received. You may also mail a check to the City of Coon Rapids with your submission.

Please allow up to 10 business days for the preparation of the requested zoning letter.