



COMMUNITY DEVELOPMENT DEPARTMENT

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APPLICATION FORM

PROPERTY OWNER: _____

ADDRESS: _____

CITY, STATE ZIP CODE: _____

PHONE NUMBER: _____

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE ZIP CODE: _____

PHONE NUMBER: _____

SITE LOCATION/ADDRESS: _____

LEGAL DESCRIPTION: _____

APPLICATION TYPE:

CONDITIONAL USE _____

COMP PLAN AMEND _____

PRELIMINARY PLAT _____

PLANNED UNIT DEV _____

ZONING AMEND _____

VARIANCE _____

REZONE _____

FINAL PLAT _____

SITE PLAN _____

WETLAND CERT/MIT _____

DESCRIPTION OF PROPOSAL: _____

OWNER SIGNATURE: _____

DATE: _____

APPLICANT SIGNATURE: _____

DATE: _____

OFFICE USE:

FILING FEE: _____

DATE: _____

CASE NUMBER: _____