

ZONING LETTER REQUEST 2019

City Planner
City of Coon Rapids
11155 Robinson Dr.
Coon Rapids, MN 55433
763-767-6452

Fee: \$100

Please complete this request by clearly printing in ink.

Applicant Name

Company Name

Mailing Address

Phone

E-Mail

Fax

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

SIGNATURE

Applicant Signature

Date

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