



ZONING TEXT & MAP AMENDMENTS

8188 199TH AVENUE NW, NOWTHEN, MN 55330
(763) 441-1347

RETURN TO: PERMITS@NOWTHENMN.NET

<input type="checkbox"/> TEXT AMENDMENT <input type="checkbox"/> MAP AMENDMENT Base Fee: \$200 Escrow: \$1,000 Public Hearing Fee: \$250 Recording Fee: \$30 Total Amount Due: \$ _____ Amount Paid: _____ CC/Check#: _____	<p align="center">***FOR OFFICE USE ONLY *** FOR OFFICE USE ONLY***</p> Date Application Received: _____ Date Application Complete: _____ (60-day review period starts from this date) Public Hearing Date: _____ City Council Approval/Denial Date: _____ 60-Day Review Period Ends: _____ 60-Day Extension: __Yes __No Expires On: _____ Received By: _____
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Instructions: Please read carefully and answer all questions thoroughly. Only complete applications will be accepted after validation by the Zoning Administrator, and prior to acceptance of required processing fees and escrows.

Property Information Street Address: _____

Property Identification Number (PID#): _____

Type of Business or Use Requested: _____

Legal Description (Attach full description of Metes & Bounds if necessary):

Applicant Information

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Telephone: _____ Cell Phone: _____ Work: _____

e-mail: _____

Property Owner Information (If other than applicant):

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Telephone: _____ Cell Phone: _____ Work: _____

e-mail: _____

Description of Request (attach additional sheets as necessary)

Existing Use of Property: _____

Description of Proposed Use: _____

Why is an Ordinance or Map Amendment being requested? _____

Reason(s) to Approve Request: _____

Please include a copy of the Zoning Map with the proposed change shown or an explanation of the proposed ordinance change, proposed language, or copy of text from another city. Please indicate the municipality from which the suggestions were taken and any other communities that you know allow the same uses or language that you are proposing.

Please describe any previous applications pertaining to the subject site:

Project Name: _____ Date of Application: _____

Nature of Previous Request : _____

APPLICATION FEES AND EXPENSES: We the applicant and undersigned property owner agree to provide to the City, in cash or certified check, for deposit in an escrow fund, the amount of \$_____ as partial payment for all fees and estimated future City administrative, planning, legal and engineering fees incurred in processing this request. If the escrow amount is depleted, I agree to furnish additional monies as requested by the City within 10 days of such request. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to the City have been satisfied. **All fees and expenses are due whether the application is approved or denied.**

I understand and agree that all City-incurred professional fees and expenses associated with the processing of this request and enforcing the terms of this agreement including, but not limited to, attorney's fees are my responsibility as the property owner and will be promptly paid by myself upon billing by the City in the event the escrow fund is depleted. I further understand and agree that as the property owner I must make said payment within 10 days of the date of the invoice. Bills not paid within the 10 days of request for payment by the City shall accrue interest at the rate of 6% per year. Further, if I fail to pay said amounts when due, then the City may certify such costs against any property owned by me within the City limits for collection with the real estate taxes and/or take necessary legal action to recover such costs and I agree that the City shall be entitled to attorney's fees and other costs incurred by the City as a result of such legal action. I knowingly and voluntarily waive all rights to appeal said certification of such expenses against my property under any applicable Minnesota Statutes.

Applicant: _____ Date: _____

Property Owner: _____ Date: _____

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted City policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes 15.99 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the City will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____