



APPLICATION FOR REZONING OF LAND

CITY OF JORDAN
210 EAST FIRST STREET
JORDAN, MN 55352
952-492-2535

APPLICANT NAME: _____ WORK PHONE: _____

HOME PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I/We, the undersigned, hereby make the following application to the City Council and Planning Commission of the City of Jordan, Scott County, Minnesota. (Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements):

1. Application is hereby made for rezoning certain properties from: _____ (Zoning Classification) to: _____ (Zoning Classification)

2. Legal description of land affected by the application, including acreage or square footage of land involved and street address, if any: _____

3. Name, address and phone number of present owner of above described land: _____

4. Is the rezoning request consistent with the City of Jordan's Comprehensive Plan? _____ Yes _____ No. If No, an amendment to the Comprehensive Plan must be approved prior to this request.

5. Will the rezoning of this parcel(s) result in spot zoning? _____ Yes _____ No

Explain: _____

6. Describe the proposed use of the land if rezone: _____

7. Attach additional material submission requirements as indicated including but not limited to a map illustrating the area in question and zoning of all parcels within 350 feet of the area in which the rezoning is requested.

8. Attach a list of all property owners within 350 feet of the property in question, along with their mailing addresses.

PROPOSED MEETING DATES:

Planning Commission _____ City Council _____

I certify that all information submitted is true and correct and I fully understand that all information and a complete application must be submitted at least 28 days prior to a Planning Commission meeting to ensure review by the Planning Commission on that date.

Applicant Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

FOR OFFICE USE ONLY

DATE SUBMITTED: _____ DATE COMPLETE: _____ IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: _____

DATE OF PUBLIC HEARING: _____ PUBLICATION DATE: _____

AMOUNT FEE PAID: _____ DATE FEE PAID: _____ FILE # _____

PLANNING COMMISSION ACTION: _____ RECOMMEND APPROVAL _____ RECOMMEND DENIAL _____

DATE OF ACTION: _____
DATE APPLICANT/PROPERTY OWNER NOTIFIED OF PLANNING COMMISSION ACTION: _____

CITY COUNCIL ACTION: _____ APPROVED _____ DENIED _____

DATE OF ACTION: _____
DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY COUNCIL ACTION: _____

DATE ORDINANCE FILED WITH SCOTT COUNTY RECORDER: _____ DATE MAPS UPDATED: _____