

APPLICATION FOR TEXT AMENDMENT

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

APPLICANT NAME:		WORK PHONE:	
HOME PHONE:	ADDRESS:		
CITY:	STATE:	ZIP:	
		Planning Commission of the City of Jordan, Scott County, Minnesota. their application and complying with all ordinance requirements):	
	ade to amend the: Zoning Ord bd item:	dinance Subdivision Ordinance.	
2. Current text:			
3. Proposed Text:			
	onsistent with the City of Jordan's C ndment to the Comprehensive Plan I	comprehensive Plan? Yes must be approved prior to this request.	
5. Reason for requesting the Explain:			
Attached to this application	and made a part thereof are other r	naterial submission data requirements, as indicated.	
	tted at least 25 days prior to a planni	fully understand that all information and a complete ng commission meeting to ensure review by the	
Applicant Signature:		Date:	
PROPOSED MEETING DATE Planning Commission	ES: City Council		
	FOR OFFICE	USE ONLY	
DATE SUBMITTED: DATE OF PUBLIC HEARING _ FEE PAID:	DATE COMPLETE: PUBLICATION DA DATE FEE PAID:_	IF INCOMPLETE, DATE LETTER SENT TO APPLICANT:ATE: FILE #	
DATE OF ACTION:	CTION: RECOMMEND AF	PPROVAL RECOMMEND DENIAL	
CITY COUNCIL ACTION: DATE OF ACTION: DATE APPLICANT/PROPERT	APPROVE		