



APPLICATION FOR REZONING OF LAND

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

Site Information

Site Address: _____

Legal Description: _____

Applicant / Contractor Information

Name: _____ Phone: _____

Address: _____ Email: _____

Owner Information ([] Check if same as above)

Name: _____ Phone: _____

Address: _____ Email: _____

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. Acreage or square footage of land involved: _____

3. 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.

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

Explain: _____

5. Describe the proposed use of the land if rezoned: _____

6. 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.

7. 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: _____	