



APPLICATION FOR TEXT AMENDMENT

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

Applicant Information

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 to amend the: _____ Zoning Ordinance _____ Subdivision Ordinance

Section: _____ Subd. _____ Item: _____

2. Current text: _____

3. Proposed text: _____

4. Is the text amendment 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. Reason for requesting the text amendment. Please explain. _____

Attached to this application and made a part thereof are other material submission data requirements, as indicated.

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 25 days prior to a planning commission meeting to ensure review by the Planning Commission on that date.

Applicant Signature: _____ Date: _____

PROPOSED MEETING DATES:

Planning Commission _____ City Council _____

FOR OFFICE USE ONLY

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

DATE OF PUBLIC HEARING _____ PUBLICATION DATE: _____

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: _____