



## General Zoning Application Form Information Sheet

1. Please fill out and sign the Application Form
2. Include any required submission materials as specified by City Ordinances or the Zoning Administrator
3. Include the designated application fee
4. The following zoning requests require a public hearing by the Red Wing Planning Advisory Commission:
  - Conditional Use Permit
  - Variance
  - Rezoning
  - Preliminary Plat
  - Planned Unit Development
  - Zoning Text Amendments

The application for all of these requests, and Minor Subdivisions, must be completed and returned to City Hall, 315 W. Fourth Street, Red Wing, MN 55066 by the date shown in the attached application calendar in order to meet the Public Hearing requirements and to be considered at that month's Planning Commission meeting.

Any questions regarding the application or application process should be directed to the City of Red Wing Planning Department, City Hall, 315 W. Fourth Street, Red Wing, MN 55066, (651)-385-3622 or [steve.kohn@ci.red-wing.mn.us](mailto:steve.kohn@ci.red-wing.mn.us)



## 2016 Zoning and Subdivision Application Calendar

Zoning and subdivision applications submitted to the Red Wing Planning Department that require review by the Planning Commission and City Council will be processed based on the following Calendar.

| <b>Month</b> | <b>Submittal<br/>Deadline</b> | <b>Planning<br/>Commission<br/>Review</b> | <b>City Council<br/>Review</b> |
|--------------|-------------------------------|---|--------------------------------|
| January      | 12-31-15                      | 01-19-16                                  | 01-25-16                       |
| February     | 01-29-16                      | 02-16-16                                  | 02-22-16                       |
| March        | 02-26-16                      | 03-15-16                                  | 03-28-16                       |
| April        | 04-01-16                      | 04-19-16                                  | 04-25-16                       |
| May          | 04-29-16                      | 05-17-16                                  | 05-23-16                       |
| June         | 06-03-16                      | 06-21-16                                  | 06-27-16                       |
| July         | 07-01-16                      | 07-19-16                                  | 07-25-16                       |
| August       | 07-29-16                      | 08-16-16                                  | 08-22-16                       |
| September    | 09-02-16                      | 09-20-16                                  | 09-26-16                       |
| October      | 09-30-16                      | 10-18-16                                  | 10-24-16                       |
| November     | 10-28-16                      | 11-15-16                                  | 11-28-16                       |
| December     | 12-02-16                      | 12-20-16                                  | 01-09-17                       |

For More Information:

[www.red-wing.org](http://www.red-wing.org)

Red Wing Planning Department  
315 W. 4<sup>th</sup> Street  
Red Wing, MN 55066

Phone: 651/385-3622  
Fax: 651/388-9608  
E-Mail: [Steve.Kohn@ci.red-wing.mn.us](mailto:Steve.Kohn@ci.red-wing.mn.us)



Project Number: \_\_\_\_\_

This application form is required as part of any request to process the planning actions listed below. The City of Red Wing requires specific material to be submitted in conjunction with this form.

## Planning Department General Zoning Application Form

|   |  |
|---|--|
| Applicant's Name: _____<br>Address: _____<br>City _____ State _____ Zip _____<br>Telephone: _____<br>Email: _____   | Owner's Name: _____<br>Address: _____<br>City _____ State _____ Zip _____<br>Telephone: _____<br>Email: _____  |
| Do you have a developer on this project?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name: _____<br>Address: _____<br>Phone: _____<br>Email: _____ | Do you have an architect /engineer on this project?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name: _____<br>Address: _____<br>Phone: _____<br>Email: _____ |

Parcel Number: 55 - - Gross Acres: \_\_\_\_\_ Zoning: \_\_\_\_\_ (Full legal must be attached)  
Address of Project: \_\_\_\_\_

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Administrative Subdivision   | <input type="checkbox"/> Conditional Use Permit   | <input type="checkbox"/> Preliminary Plat        |
| <input type="checkbox"/> Annexation Application       | <input type="checkbox"/> Easement Vacation        | <input type="checkbox"/> Rezoning                |
| <input type="checkbox"/> Bed and Breakfast            | <input type="checkbox"/> Environmental Assessment | <input type="checkbox"/> Street & Alley Vacation |
| <input type="checkbox"/> Certificate of Compliance    | <input type="checkbox"/> Final Plat               | <input type="checkbox"/> Variance                |
| <input type="checkbox"/> Certificate of Design Review | <input type="checkbox"/> Grading Permit           | <input type="checkbox"/> Zoning Appeal           |
| <input type="checkbox"/> Combination of Parcels       | <input type="checkbox"/> Minor Subdivision        | <input type="checkbox"/> Zoning Text Amendment   |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Other _____             |

**Description of request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residential Development** How many residential units are being requested? Total units: \_\_\_\_\_

Single Family: \_\_\_\_\_ Condominiums: \_\_\_\_\_ How many lots will be created? \_\_\_\_\_

Duplex: \_\_\_\_\_ Townhomes: \_\_\_\_\_ Do you intend to market the units for sale?  Yes  No

Other: \_\_\_\_\_ Apartments: \_\_\_\_\_ Do you intend to market the units for rent?  Yes  No

**Authority to file application:**  Ownership  Power of Attorney  Contract to purchase  Other

I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and acknowledge that the process of this application may require additional fees and expenses for the preparation of necessary environmental documentation and planning studies.

\_\_\_\_\_ Applicant's signature \_\_\_\_\_ Date

**For City of Red Wing Use Only**

Application Base Fee: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Escrow Account Fee: \_\_\_\_\_

Total Paid: \_\_\_\_\_

City Review Expenses: \_\_\_\_\_

Escrow Acct. Balance \_\_\_\_\_

Add'l Amount Owed / (Refund): \_\_\_\_\_ Receipt Number: \_\_\_\_\_

---

Date Application is Complete: \_\_\_\_\_ 60 day review deadline: \_\_\_\_\_

Request for Extension Filed: \_\_\_\_\_ Extension deadline: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Conditions (For CUPs, planned developments, plats, and variances please see attached resolution)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Denied Reasons for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zoning Administration