



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

Parcel Number: 55- - _____ Gross Acres: _____ Zoning: _____
(Full legal description must be attached)

Address of Project: _____

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

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