



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 Red Wing Community Development Department, 419 Bush 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 Steve Kohn at (651)-385-3622 or steve.kohn@ci.red-wing.mn.us.



2023 Zoning and Subdivision Application Calendar

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

<u>Month</u>	<u>Submittal Deadline</u>	<u>Planning Commission Review</u>	<u>City Council Review</u>
January	12/30/2022	01/17/2023	01/23/2023
February	02/03/2023	02/21/2023	02/27/2023
March	03/03/2023	03/21/2023	03/27/2023
April	03/31/2023	04/18/2023	04/24/2023
May	04/28/2023	05/16/2023	05/22/2023
June	06/02/2023	06/20/2023	06/26/2023
July	06/30/2023	07/18/2023	07/24/2023
August	07/28/2023	08/15/2023	08/28/2023
September	09/01/2023	09/19/2023	09/25/2023
October	09/29/2023	10/17/2023	10/23/2023
November	11/03/2023	11/21/2023	11/27/2023
December	12/01/2023	12/19/2023	01/08/2024

For More Information: www.red-wing.org

Red Wing Community Development Department
 419 Bush Street
 Red Wing, MN 55066

Phone: 651-385-3622
 Fax: 651-388-4782
 E-mail: Steve.Kohn@ci.red-wing.mn.us



Project Number: _____

General Zoning Application Form

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.

Applicant's Name: _____ Address: _____ _____ City State Zip Telephone: _____ Email: _____	Owner's Name: _____ Address: _____ _____ City State Zip Telephone: _____ Email: _____
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: _____ Address: _____ Phone: _____ Email: _____	Name: _____ Address: _____ Phone: _____ Email: _____
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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 (also Fence Permit)	<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