

DATE REC'D: _____

_____ PRESENT LAND USE

_____ REQUESTED LAND USE

REASON FOR THIS REQUEST:

WILL A DEVELOPMENT REVIEW BE REQUIRED? YES (If yes, complete and submit appropriate application) NO

WILL A ZONING CHANGE BE REQUIRED? YES (If yes, complete and submit appropriate application) NO

WILL A VARIANCE BE REQUIRED? YES (if yes, complete and submit appropriate application) NO

WILL A CONDITIONAL USE PERMIT BE REQUIRED? YES (if yes, complete and submit appropriate application) NO

EXISTING USE OF PROPERTY:

PROPOSED USE OF PROPERTY:

HAS THE PRESENT APPLICANT PREVIOUSLY SOUGHT TO SUBDIVIDE, REZONE, OBTAIN A VARIANCE, OR A
CONDITIONAL USE PERMIT ON THE SUBJECT SITE OR PART OF IT? *YES NO

*** IF YES:**

WHEN? ___/___/___

WHAT WAS REQUESTED?

WHAT WAS THE OUTCOME OF THE REQUEST?

CHANGES MADE IN PLAN SINCE CONCEPT WAS APPROVED:

DATE REC'D: _____

_____ NUMBER OF RESIDENTIAL UNITS PROPOSED

_____ DATE OF PLAN PREPARATION _____ TOTAL ACREAGE

_____ EXISTING ZONING CLASSIFICATION OF LAND

SECTION 4:

PROPERTY OWNER: _____ **PHONE NO:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AGENT HAVING CONTROL OVER LAND: _____ **PHONE NO:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SURVEYOR: _____ **PHONE NO:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTRACTOR: _____ **PHONE NO:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTRACTOR # _____

ENGINEER: _____ **PHONE NO:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SECTION 5:

This application must be completed in full and be typewritten or clearly printed and must be accompanied by all information and plans required by applicable City Ordinance provisions. Before filing this application, you should confer with the Planning Department to determine the specific ordinance and procedural requirements applicable to your application.

A determination of completeness of the application will be made within ten business days of application submittal. A written notice of application deficiencies shall be mailed to the applicant within ten business days of application.

This is to certify that I am making application for the described action by the City and I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application. I have attached a copy of proof of ownership (either copy of Owner's Duplicate Certificate of Title, Abstract of Title or Purchase Agreement), or I am the authorized person to make this application and the fee owner has also signed this application.

I will keep myself informed of the deadlines for submission of material and the progress of this application. I further understand that additional fees may be charged for consulting fees, feasibility studies, etc. with an estimate prior to any authorization to proceed with the study. The documents and information I have submitted are true and correct to the best of my knowledge.

The city hereby notifies the applicant that development review cannot be completed within 60 days due to public hearing requirements and agency review. Therefore, the city is notifying the applicant that the city requires an automatic 60-day

City of Victoria

7951 ROSE, BOX 36, VICTORIA, MN 55386 • Phone (952) 443-2363 • Fax (952) 443-2110

Application Revised 3/23/06

DATE REC'D: _____

extension for development review. Development review shall be completed within 120 days unless the applicant approves additional review extensions.

I hereby agree to reimburse the city for all expenses beyond the filing fee cost incurred reviewing and processing the application, concept PUD, and materials submitted.

Signature of Applicant Title Date

Signature of Property Owner Date

Signature of Fee Owner Date

Application received on _____ Fee Paid _____ Receipt No _____

VICTORIA PLANNING COMMISSION:

_____ RECCOMENDATION TO DENY

_____ RECCOMENDATION TO APPROVE

This application on: _____
Date

VICTORIA CITY COUNCIL:

_____ DENIED

_____ APPROVED

This application on: _____
Date

COMMENTS: _____

The applicant should contact staff for a copy of the staff report, which will be available on the Friday prior to the meeting. If not contacted, a copy of the report will be mailed to the applicant's address.

**ANNEXATION
INSTRUCTIONS:**

ANNEXATION FEES:

\$500 one-time Administration Fee

Complete and submit the appropriate application.
No additional instructions.

Note:

Ordinance 30-69 for Annexations states as follows:

All territory hereafter annexed to the city, which is not shown on the zoning map as part of this chapter shall automatically, upon annexation, be classified within the AG agricultural district, and shall be subject to all the regulations, notations, references and conditions applicable to such zone until such time that the determination is made as to the proper district, classification and amendments made to that effect.

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