

CITY OF GREENFIELD, MINNESOTA
PLANNING AND ZONING APPLICATION

Paid: _____
Date: _____
Check#: _____
Amount: _____
Rcpt#: _____

PLEASE READ BEFORE COMPLETING THIS FORM.
ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

PRINT OR TYPE

1. PROPERTY LOCATION (Street address AND legal description):

2. PROPERTY ID NUMBER (PID):

3. APPLICANT NAME (Responsible Person): *If Corporation, written authorization by Owner(s) required*

ADDRESS (Mailing): _____

PREFERRED METHOD OF CONTACT (PLEASE CHECK): _____ Phone _____ Email

TELEPHONE: (Primary): _____ (Alternate): _____

EMAIL: _____

4. PROPERTY FEE OWNER NAME (If Different than Applicant):

ADDRESS: _____

TELEPHONE (Primary): _____ (Alternate): _____

EMAIL: _____

5. REQUESTED ACTION(S):

_____ Sketch Plan Review with Planner
_____ Preliminary Plat
_____ Final Plat
_____ Rezoning
_____ Home Business
_____ Lot Consolidation

_____ Conditional Use Permit
_____ Final Site & Building Plan
_____ Variance
_____ Lot Line Adjustment
_____ Comprehensive Plan Amendment
_____ OTHER specify _____

6. BRIEF DESCRIPTION OF REQUEST (Attach on a separate sheet if necessary).

I/we hereby apply for the above consideration and declare that the information and materials submitted with this application are complete and accurate per City Ordinance and Policy requirements and I/we have signed the Agreement to Pay Costs of Processing Application. I/we understand that the application will be processed for the appropriate agenda when it has been found to be complete and adequate by the city staff.

APPLICANT SIGNATURE: _____ DATE: _____

PROPERTY FEE OWNER SIGNATURE: _____ DATE: _____

**FOR OFFICE USE
ONLY**

____ Fees Paid
____ Narrative rcvd
____ Policy/Procedures
____ Survey/Plat rcvd.
____ Agreement to Pay Completed

Application complete?

____Y ____N

If complete, specify date

If not, specify date deemed complete

60-day date

Date sent to agencies:

____ MnDOT
____ MnDNR
____ Henn. Cty.
____ Watershed
____ HC Public Health
____ City Planner
____ City Engineer
____ Building Official
____ Fire Chief

Agreement to Pay Costs of Processing Application

The City of Greenfield requires all applicants and/or the owner(s) of the property to reimburse the City for any and all costs incurred by the City to review and act upon applications so that these costs are not absorbed by the taxpayers.

The application fee includes administrative costs which are necessary to process the application, including but not limited to the preparation of the legal notice, postage, coordination and copying of agenda material, and other items relative to the specific application.

The escrow fee will include all charges for staff time by the Planning Consultant, City Engineer, City Attorney and / or Other Consultant as needed to process the application and publication of legal notice(s).

The City will track all consultant costs associated with the application. If these costs are projected to exceed the money initially deposited to your escrow account, you will be notified that additional monies are required in order to continue your application process. If you choose to terminate the application (notice must be in writing) you will be responsible for all costs incurred to that point. If you choose to continue the process you will be billed for the additional monies and an explanation of expenses will be furnished. If payment is not received within ten (10) days as required by this agreement, the City will suspend the application review process and may deny the application for failure to comply with the requirements for processing the application. ***Payment for all costs will be required whether the application is granted or denied.***

With my signature below, I/we hereby acknowledge that I /we have read this agreement in its entirety and understand the terms herein. ***I/we agree to pay to the City all costs incurred during the review process as set forth in this Agreement.*** This includes any and all expenses that exceed the initial escrow deposit. I/we further understand that the application process will be terminated if payment is not made and application may be denied for failure to reimburse the City for costs.

Property owners: I/we understand and acknowledge that if the aforementioned costs are not paid in a timely manner, or by the applicant if they do not own the property, the City may approve a special assessment for which I/we, as the property owner(s), to be certified to Hennepin County to be assessed onto our property taxes, and I/we waive any and all appeals under Minnesota Statutes § 429.061.

Print or Type Name of Property Owner(s) and any other Party Responsible for Payment:

Signature of Applicant _____ **Date** _____

STATE OF MINNESOTA)
_____)ss COUNTY OF
_____)

On this _____ day of _____, 20____, before me, a Notary Public within and for said County, personally appeared _____, executed the foregoing instrument as their free act and deed.

Notary
Seal

Notary Public

Signature of Property Fee Owner (if different than applicant) _____ **Date** _____

STATE OF MINNESOTA)
_____)ss COUNTY OF
_____)

On this _____ day of _____, 20____, before me, a Notary Public within and for said County, personally appeared _____, executed the foregoing instrument as their free act and deed.

Notary
Seal

Notary Public