



COMPREHENSIVE PLAN AMENDMENT APPLICATION

APPLICATION DATE: _____

APPLICATION FEE: **\$550.00**

PROPERTY INFORMATION

Project Name: _____

Application is hereby made for a comprehensive plan amendment from current land use designation of:

To a land use designation of:

For the purpose of: _____

Property Address and/or PID No.: _____

OWNER INFORMATION

Property Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

SUBMITTAL INFORMATION

The following information is to be submitted in support of the application:

1. Completed application for comprehensive plan amendment.
2. Application Fee payable to the City of Winsted (non-refundable): **\$551.00**
3. Legal description of property to be amended.
4. Acknowledgement of Responsibility from completed.
5. Affirmation of Sufficient Interest Form completed.
6. At least one (1) full size copy and one electronic copy of the following:
 - a. Map that clearly shows the area to be amended.
 - b. Map of general area within ½ mile
 - c. Narrative statement and graphic materials describing the intended use of the property and why the City of Winsted should approve the request. This statement shall also discuss the impact the proposed change would have on the utility (water and sewer) systems.

I HAVE READ AND AGREE TO COMPLY WITH ALL APPLICABLE ORDINANCES AND RULES ASSOCIATED WITH THIS APPLICATION. I CERTIFY THAT I HAVE READ THE ABOVE AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ALL OF THE REQUIRED INFORMATION MUST BE SUBMITTED TO BE REVIEWED BY THE PLANNING COMMISSION AND CITY COUNCIL.

A SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.

Signature of Applicant Date

PROCEDURE

- Return this application to:

City of Winsted
201-1st Street North
P.O. Box 126
Winsted, MN 55395
- A public hearing will be scheduled with the Planning Commission after a recommendation is made by City staff and consultants. The Planning Commission meets the second Monday of each month at 6:00 p.m. The City will mail a notice to you and to the neighboring property owners, as required.
- The Planning Commission will make a recommendation to the City Council.
- The City Council will make the final decision.
- City staff will notify you of all meetings and when action will be taken regarding this application.

FOR OFFICE USE ONLY

Date App. Received: _____ Date Paid: _____ Amount Paid: _____ Method of Payment: _____

Application Reviewed: City Administrator/Zoning Date Reviewed/Initials: _____

Public Works Date Reviewed/Initials: _____

City Engineer Date Reviewed/Initials: _____

Other Department Date Reviewed/Initials: _____

Permit Approved/Denied: Approved (*Date Issued:* _____) Denied (*Reason:* _____)

Decision by: _____ Signature: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making application for the described action by the City of Winsted and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in the name provided and I or the party provided is whom the City should contact regarding any matter pertaining to this application.

I have read and understand the instructions supplied for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I will keep myself informed of the deadlines for submission of material and of the progress of this application.

I understand that this application may be reviewed by City staff and consultants. I further understand that additional information may be required for review of this application.

I agree to allow access by City personnel, officials, agents, and consultants to the property that is subject to this application for the purposes of viewing the property and reviewing this request.

Signature of Applicant

Date

Printed Name of Applicant

Phone Number

Name, Address, Phone, and Email of Contact (if other than applicant):

AFFIRMATION OF SUFFICIENT INTEREST

I hereby affirm that I am the title owner of the below described property or that I have written authorization from the owner to pursue the described action.

Name of Applicant: _____

Street Address / Legal Description of Subject Property:

Signature of Applicant

Date

Printed Name of Applicant

Phone Number

- **If you are not the title owner**, attach another copy of this form which has been completed by the owner or a copy of your authorization to pursue this action.
- **If a corporation is the title owner**, attach a copy of the resolution of the Board of Directors authorizing this action.
- **If a joint venture or partnership is the title owner**, attach a copy of the agreement authorizing this action on behalf of the joint venture or partnership.