



1584 Hadley Avenue North
Oakdale, MN 55128

Contact: Planning
Email: Planning@ci.oakdale.mn.us
Phone: 651.730.2720
Fax: 651.730.2820

Application Date:	
Fee: \$550	Escrow: \$550

ZONING AMENDMENT - MAP

In accordance with the provisions of Minnesota State Statutes, the City Council may change the zoning of parcels of land within the municipality. These changes in classification are for the purpose of meeting the land use needs of the residents of the City, in conformance with the City's Land Use Plan. Rezoning may be initiated by the City Council or by application by the owner of the property.

PARCEL IDENTIFICATION NO (PIN):	COMPREHENSIVE PLAN FUTURE LAND USE:
LEGAL DESCRIPTION:	EXISTING ZONING DISTRICT:
	LOT SIZE:
OWNER: Name: Address: City, State: Phone: Email:	APPLICANT (IF DIFFERENT THAN OWNER):
REQUEST TO REZONE FROM: _____ TO _____ .	
PLEASE DESCRIBE THE REASON FOR YOUR REQUEST:	
APPLICABLE ZONING CODE SECTION(S): <i>Please review the referenced code section for a detailed description of required submittal documents, and subsequent process.</i> 1. 25 – 12 Procedure for Rezoning.	

Submittal Materials

The following materials must be submitted with your application in order to be considered complete. A complete application must be made at least 30 business days prior to the Planning Commission meeting for which you wish to be heard. If you have any questions or concerns regarding the necessary materials please contact the City Planner.

AP – Applicant check list, CTY – City check list

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	Written Narrative describing your reason for requesting the Map Amendment. <ul style="list-style-type: none"> ▪ Your description should include how you intend to use and/or benefit by the zoning map amendment. ▪ Please address how the proposed zoning change compares, or is consistent, with the City's Comprehensive Plan. ▪ How does your map amendment impact the zoning and subdivision code?
<input type="checkbox"/>	<input type="checkbox"/>	Any graphic representations that may help describe your request, and/or how the amendment will benefit the community.
<input type="checkbox"/>	<input type="checkbox"/>	Zoning Amendment – Map Application Form, completed and signed by Owner, or someone having legal interest in the property.

Application for: **ZONING AMENDMENT – MAP**
City of Oakdale

<input type="checkbox"/>	<input type="checkbox"/>	Statement acknowledging that you have contacted the other governmental agencies such as Watershed Districts, County departments, State agencies, or others that may have authority over your property for approvals and necessary permits.
<input type="checkbox"/>	<input type="checkbox"/>	Paid Application Fee: \$550
<input type="checkbox"/>	<input type="checkbox"/>	Paid Escrow: \$550

Review and Recommendation by the Planning Commission. The Planning Commission shall consider oral or written statements from the applicant, the public, City Staff, or its own members. It may question the applicant and may recommend approval, disapproval or continue the application.

Review and Decision by the City Council. The City Council shall review the application after the Planning Commission has made its recommendation. The City Council makes a final determination and either approve or deny the application.

We, the undersigned, have read and understand the above.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Owner (if different than Applicant)

Date