



22817 Typo Creek Drive N.E. • Stacy, MN 55079
Phone (651) 462-2812 • Fax (651) 462-0500
E-Mail: records@linwoodtownship.org

PROCEDURES FOR MAP AMENDMENT (REZONING)

Sec. 30-168 thru 30-180 and Sec. 30-264 thru 30-266

PreApplication Meeting: It is recommended that the applicant meet with the Zoning Administrator and/or the Planning Commission prior to application to discuss the proposed zoning amendment.

Submission requirements: There is a non-refundable fee required to process your application. The attached application form must be completed and submitted with all requested materials. Failure to submit all application materials may delay the review process described below.

Application deadline: Applications must be submitted by applicant, reviewed and deemed complete by Staff, a minimum of 25 days prior to the Planning and Zoning meeting. The Public Hearing will not be scheduled until after application has been accepted as complete.

Initial Review: An application is not considered complete until it has been reviewed by Township staff, and the completed checklist has been signed. A copy will be given to the applicant. An incomplete application shall be returned to the applicant detailing, in writing, the missing information on the appropriate checklist.

A determination of completeness will be provided within 15 days of the application submittal date. Minnesota State Law requires that a decision be issued for each application within 60 days of the receipt of a completed application. Once all of the outstanding application materials are received, the 60 day action timeline will begin.

Additional Information Request: The Staff, Planning and Zoning Commission or Town Board of Supervisors shall have the authority to request additional information from the applicant or to retain expert testimony at the expense of the applicant if the Planning Commission or Town Board believes that such information is declared necessary to review the request or to establish performance conditions.

Site Visit and Staff Report: The Planning and Zoning Administrator and members of the Planning and Zoning Commission may visit the site to view the property to help ascertain information which will assist in the decision-making process. Photos may be taken which will be included in the Staff Report, which will summarize the application, reviewing it against the Township's Code, Ordinances and policies, and providing a recommendation for the Planning and Zoning Commission. A copy of this report will be available to the applicant prior to the Public Hearing.

Notices: Minnesota State Law requires notice of a Public Hearing to be published in a specified, legal newspaper a minimum of 10 days prior to a Public Hearing. Township ordinance further requires that notices be mailed to owners within 500 feet of the affected property. All of the notices are prepared and sent by the Township staff.

Formal Review: This meeting will be held on the third Tuesday of the month.

At the Public Hearing: Applicants must attend and participate in the Public Hearing. The Chairperson will introduce the applicant, Staff will review the issues and recommendations detailed in the Staff Report. P&Z Commission members may ask questions.

The public may testify, ask questions, or send in written comments either in support or opposition to the request. Once the public comment period has concluded, the Chair will close the Public Hearing.

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Planning and Zoning meeting: Upon completion of the Public Hearing, the Planning and Zoning Commission will discuss and address points of concern based on the application, public comment, the Staff Report and recommendation. In order to recommend approval to the Town Board of a Zoning Map Amendment, the Planning and Zoning Commission must find that:

- The proposed action has been considered in relation to the specific policies and provisions of, and has been found to be consistent, with the Comprehensive Plan;
- The proposed action meets the purpose and intent of the Town Code of the individual district;
- The proposed action is in harmony with the purposes and intent of the zoning ordinances;
- The proposed amendment / action is in the interest of health, safety, and welfare of the public;
- The proposed action will not unreasonably diminish or impair established property values within the neighborhood.

The Planning Commission shall make Findings of Fact and make a recommendation on the request.

Final Approval: Upon receiving the recommendation of the Planning and Zoning Commission, receiving any information provided by citizens through the public hearing process and any additional information or testimony they deem appropriate, the Town Board shall:

- Shall refer the recommendation back to the Planning and Zoning Commission for further consideration;
- Approve or deny the request based on all information provided;
- Sixty-day extensions may be obtained if more time is needed to resolve outstanding issues.

The Staff shall notify the applicant of the Board's decision in writing.

Escrow Information (If required):

Escrow is set aside for attorney, consulting, engineering, and other misc. fees. If Linwood Township is to acquire these fees while working on your Land Use Application, then you are authorizing the Township to use this escrow to pay for those fees. Owner agrees to pay additional costs incurred, if necessary. The remaining escrow amount will be returned without interest, once all invoices have been submitted and approved.

The following information must be provided before an Application requesting a Zoning Map Amendment will be considered accepted by Linwood Township:

1. A completed Request for Zoning Map Amendment Application and \$350.00 fee and escrow, minimum \$1,000.00
2. Narrative explaining reason for request
3. Survey or Map, if applicable
4. Any other information Staff, Planning & Zoning Commission or Town Board may request



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File # _____
Fee \$ _____ Rcpt # _____
Chk # _____ Date: _____
Escrow \$ _____ Rcpt # _____
Chk # _____ Date: _____

TOWN CODE MAP AMENDMENT (REZONING) APPLICATION

Applicant:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime phone: _____

E-mail: _____

Person/Company Paying the Escrow:

Name _____

2nd Applicant or Owner, if different from Applicant:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime phone: _____

E-mail: _____

Person/Company Receiving Returned Escrow:

(If different from the payor, permission is needed)

Name _____

Property Information

Property Address _____ City _____ State _____ Zip _____

Legal Description: _____

(If lengthy legal, please attach full legal description)

Property ID Number: _____ Present Zoning _____

Existing Buildings on Property _____ Requested Zoning _____

Does this amendment involve a proposed or pending land division? _____

Describe the reasons justifying the amendment.

TOWN CODE MAP AMENDMENT (REZONING) APPLICATION

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Narrative description of request may be attached on a separate page.

Map Amendment: Submit 3 copies of a plat or survey for the applicable property.

Data furnished in this application form is public information.

Applicant and Owner Statement

In signing this application, I hereby acknowledge that I have read and fully understand the applicable provisions of the Zoning ordinances and current administrative procedures. I further acknowledge the fee explanation as outlined in the application procedures and hereby agree to pay all statements received from the Township pertaining to additional application expense(s).

I hereby certify that the information contained in this application is to my knowledge a true, accurate and complete representation of the facts and conditions concerning the proposed amendment. I hereby authorize the Linwood Township authorized staff to enter upon this property for such inspections as necessary for the review of this application.

Signature of Applicant

Signature of 2nd Applicant (if applicable)

Date: _____

Date: _____

Application Fee: \$350.00

Escrow: \$1,000.00

For Office Use only	File # _____
Application Received by: _____	Date: _____
Document Verification by: _____	Date: _____
Additional Information Requested: _____	

Application Deemed Complete by: _____	Date: _____
_____	Date: _____
Zoning Administrator	