



Planning & Zoning Department

2052 County Road 24
Medina, MN 55340

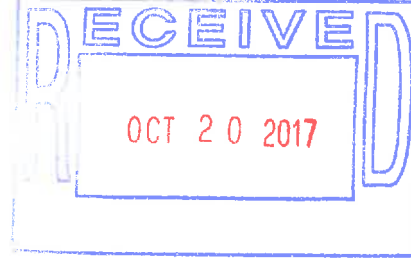
Phone: (763) 473-4643
Fax: (763) 473-9359

Application for Planning Consideration

Type of Request

- Agricultural Preserve App./Expiration
- Appeal Administrative Decision
- Appeal of Wetland Functional Assessment and Value Classification
- Comprehensive Plan Amendment
- Concept Plan Review
- Conditional Use Permit -to be amended
- Conservation Design Goal Setting Process
- Environmental Review (eg. EAW, EIS)
- Interim Use Permit
- Lot Combination or Split (Survey Subd.)
 - Lot Subdivision
 - Lot Combination
 - Lot Line Rearrangement
- Mixed Use Development
 - Stage I Plan
 - Stage II Plan
 - Stage III Plan
- Planned Unit Development
 - Concept Plan
 - PUD General Plan
 - PUD Final Plan
- Platted Subdivision
 - Preliminary Plat
 - Final Plat
- Site Plan Review
- Vacation (right-of-way or easement)
- Variance
- Wetland Conservation Act Permit Review
- Zoning Amendment
 - Rezoning (Map Amendment)
 - Text Amendment

Date Planning Received: (Stamp Here)



Request: David P. Crosby and Katherine Crosby request that the two parcels identified below and legally described on Exhibit B attached to this application be combined into one parcel and that the existing Conditional Use Permit be amended to reflect this combined parcel.

Site Address or Property Identification Number(s): (to be known herein as the "subject property")

2402 Hamel Road - Tax ID 09-118-23-41-0001

80 Address Unassigned - Tax ID 10-118-23-33-0002

Note: All application submittals must have a pre-application meeting with City Planning Staff at least one week prior to submittal.

Please be sure to read, understand and follow the checklist attachment(s) that accompany any of the "Type of Request" items you are submitting to the City.

Office Use Only

9-SE-10-SU

Crosby Lot Combo +LUP Amend

Project Name

10-20-2017

Date

\$10000.00

Amount Paid

12-17-2017

Application Code #

4362

Check #

REQUIRED SIGNATURES

*****Note: All parties with a fee interest in the real estate must sign this application before the City will review for completion! *****

Applicant Information:

Name: David P. Crosby and Katherine Crosby
(please print)

Address: 2402 Hamel Road

City, State, Zip: Medina, MN 55340

Phone: (612) 303-6300

Cell-Phone: (612) 860-9353

Email: David.P.Crosby@pjc.com

Signature: David P. Crosby

Date: 10/20/2017

Fee Title Property Owner Information (if different than applicant)

Name: _____
(please print)

Address: _____

City, State, Zip: _____

Phone: _____

Cell- Phone: _____

Email: _____

Signature: _____

Date: _____

Checklist:

Please review the checklist for the type of application you are requesting. Minnesota State Statute provides the City of Medina 15 business days to determine the application's completeness. Completeness depends on whether or not the checklist items are fulfilled.

Review Deadline and Timeline:

All applications must be received by the deadlines noted on the attached sheet. Failure to submit by the date shown will result in a delay in the scheduling of the application or the project. Meeting the deadline does not guarantee that an application will be heard at the next meeting. In fact, to improve likelihood of appearing on an agenda, it is recommended that applications be submitted earlier than deadline.

Most applications have a Statutory review period of 60 days, with the City's ability (which includes city staff) to extend an additional 60 days if necessary due to insufficient information, directive to provide additional information, the tabling or postponement of an application, lack of quorum, or schedules.

Application for Planning Consideration Fee Statement

(Please read carefully and understand your responsibilities associated with this land use application)

The City of Medina has set forth a fee schedule for the year 2014 by City Ordinance (SEE ATTACHED EXHIBIT –A). However, projects of large scope that include two or more requests may be required to provide a higher deposit than the resolution sets forth as determined by the City Administrator. The fees collected for land use projects are collected as deposits only. ALL invoices associated with each land use application will be billed directly to the applicant immediately upon receipt by the City for each project. The City of Medina often utilizes consulting firms to assist in the review of projects. The consultant and City rates are shown at the bottom of this form. By signing this form, the Applicant accepts sole responsibility for any and all fees associated with the land use application from the plan review stage; the construction monitoring stage; and all the way through to the release of any financial guarantees for an approved project. In the event the Applicant fails to make payment of all fees associated with the project, and the Deposit noted herein is not sufficient to cover said costs, the City of Medina will assess any unpaid or delinquent fees related to this application or project against the subject property. If a project is denied by the City Council or withdrawn by the Applicant, the fees associated for the project until such denial or withdrawal, remain the Applicant’s responsibility.

I/WE UNDERSTAND THE FEE STATEMENT AND RESPONSIBILITIES ASSOCIATED WITH THIS LAND USE APPLICATION:

APPLICANT

FEE TITLE PROPERTY OWNER

(if different from Applicant)

David P. Crosby
Signature

Signature

David P. Crosby

Printed Name

Printed Name
10/20/2017

Date

Date

Applicant and/or Property Owner must initial all statements below for this application to be considered complete.

 X I, the Applicant noted above, understand that the \$ 1,000.00 deposit will be retained by the City of Medina in its entirety until the application or project is closed. I understand my responsibility in promptly paying all bills invoiced to me directly and that the deposit WILL NOT be reduced by such regular billings.

 X I, the Applicant, understand that the City of Medina often relies heavily on consultants to provide review, preparation of materials, inspection, and project management services related to land-use applications and projects and that I will be billed at the consultant’s 100% reimbursable rate for these services provided on my application/project.

 X I, the Applicant, understand it is the City of Medina’s policy to pay all fees associated with Medina staff review and project management related to my application/project. I understand that Medina staff documents their time and resources spent on my application/project and that I will be billed at the staff’s 100% reimbursable rate for these services provided.

 X I, the Applicant and/or Fee Title Property Owner, have reviewed and understand the City Fee Schedule and acknowledge my/our responsibility to pay for all fees applicable to processing and review of my application, document preparation, construction and inspection review, general project management, and project close out.

 X I, the Fee Title Property Owner noted above (if different from or same as the Applicant noted herein) understand as the fee owner of the property that the City of Medina will assess any unpaid or delinquent fees related to this application or project against my property.

YES ~~NO~~ I, the Fee Title Property Owner noted above, request to have copies of all invoices mailed to my address.
(circle one)