

Planning & Zoning Department 2052 County Road 24 Medina, MN 55340 Phone: (763) 473-4643 Fax: (763) 473-9359

Application for Planning Consideration

	Time of Domina	•• ***
-	Type of Request	Date Planning Received (Stamp Here)
	Agricultural Preserve App./Expiration	MECEIVEN
	Appeal Administrative Decision	
[Appeal of Wetland Functional Assessment and Value Classification	DEC 1 5 2017
	Comprehensive Plan Amendment	
: 0	Concept Plan Review	
	Conditional Use Permit	
	Conservation Design Goal Setting Process	Request:
	Environmental Review (eg. EAW, EIS)	
	Interim Use Permit	THAL PLAT APPROVAL
	Lot Combination or Split (Survey Subd.) O Lot Subdivision O Lot Combination O Lot Line Rearrangement	
С Ф	Mixed Use Development O Stage I Plan O Stage II Plan O Stage III Plan Planned Unit Development O Concept Plan	Site Address or Property Identification Number(s): (to be known herein as the "subject property") 2700-2900 Parkinal Drive Medica, Mil
	O, PUD General Plan & PUD Final Plan	
	Platted Subdivision O Preliminary Plat O Final Plat	Note: All application submittals must have a pre- application meeting with City Planning Staff at least one
	Site Plan Review	week prior to submittal.
	Vacation (right-of-way or easement)	Please be sure to read, understand and follow the
	Variance	checklist attachment(s) that accompany any of the "Type of Request" items you are submitting to the City.
	Wetland Conservation Act Permit Review	Office Use Only
	Zoning Amendment O Rezoning (Map Amendment) O Text Amendment	MARX (D PUD FINAL PLAT Project Name
		12-15-2017 (A-17-22) Application Code #
	*****************	Amount Paid Strangfor from LR-17-205 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:	Fee Title Property Owner Information (if different than applicant)
Name: Wallace + Bridget Marx (please Mint)	Name:(please print)
Address: 2700 Partnew Onve	Address:
City, State, Zip: Nedwa, MD 5534D	City, State, Zip:
Phone: 163-249-1200	Phone:
Cell-Phone:	Cell- Phone:
Email: Wally @ Wally marx . com	Email:
Signature: Na Man This gott long	Signature:
Date: 12/12/17	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:

VVIIII I	INIS LAND USE APPLICATION:	
APPLIC	CANT	FEE TITLE PROPERTY OWNER
X Wal	Way Bridgette Mary	(if different from Applicant)
Signature		Signature
VArr	TMARX, BRIDGET MARX	
Printed N	inne ' '	Printed Name
Th.	12/12/17	
Date		Date
Applicant	and/or Property Owner must initial all statements belo	ow for this application to be considered complete.
ANUL	I, the Applicant noted above, understand that the \$_ of Medina in its entirety until the application or pro-	deposit will be retained by the City ect is closed. I understand my responsibility in promptly
· MA	paying an one involced to me directly and that the c	deposit WILL NOT be reduced by such regular billings
W	I, the Applicant, understand that the City of Medina	often relies heavily on consultants to manife.
	preparation of materials, inspection, and protect man	agement services related to land-use applications and 00% reimbursable rate for these services provided on my
INN	application/project.	to 78 remoti sable rate for these services provided on my
100	I, the Applicant, understand it is the City of Medina'	s policy to pay all fees associated with Medina staff
	To the wanter broker management length to my applie	allon/project syndoceton disher Mading = 4-cc di
CIA	their time and resources spent on my application/pro reimbursable rate for these services provided.	ject and that I will be billed at the staff's 100%
W	I, the Applicant and/or Fee Title Property Owner, be	ve reviewed and understand the City Fee Schedule and
	described to the state of the s	S applicable to proceeding and regions - C
IMM	about preparation, construction and inspection re	VIEW, general project management and project class and
JUL	1, the ree Title Property Owner noted above (if differ	rent from or come on the Applicant 11 11
	and distance as the recomplet of the property that the (IIV of Medina will accord any unneid and it
YES NO	or project against my project	erty.
(circle one)	I, the Fee Title Property Owner noted above, request	to have copies of all invoices mailed to my address.