

Planning & Zoning Department 2052 County Road 24 Phone: (763) 473-4643

Medina, MN 55340

Fax: (763) 473-9359

Application for Planning Consideration

	Type of Request	Date Planning Received: (Stamp Here)
	Agricultural Preserve App./Expiration	MECEIVED
	Appeal Administrative Decision	
	Appeal of Wetland Functional Assessment and Value Classification	MAR - 2 2018
	Comprehensive Plan Amendment	
	Concept Plan Review	
	Conditional Use Permit	Request OWNER OF 23-118-23-32-0002
	Conservation Design Goal Setting Process	intends to purchase 1.99 acres
	Environmental Review (eg. EAW, EIS)	From adjacent land owner
	Interim Use Permit	(23-118-23-32-0001) and add to
	Lot Combination or Split (Survey Subd.) O Lot Subdivision O Lot Combination Lot Line Rearrangement	existing property po
	Mixed Use Development O Stage I Plan O Stage II Plan O Stage III Plan	Site Address or Property Identification Number(s): (to be known herein as the "subject property") 23-118-23-32-0002 Applicant
	Planned Unit Development O Concept Plan O PUD General Plan O PUD Final Plan	23-118-23-32-0001 ADJACENT LAND
	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 week prior to submittal.
	Site Plan Review	n dell prior to subtineties.
	Vacation (right-of-way or easement)	Please be sure to read, understand and follow the checklist attachment(s) that accompany any of the "Type
	Variance	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	Reiser Lot Line Regnangement Project Name
****		3-7-7C18
A. C. L. S.		Amount Paid Check#

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 2017 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

circle one)

FEE TITLE PROPERTY OWNER

	APPLIC	ANI	LEE HITE LYOLEVII O MUCK	
	~ (Joh H. KILL	(if different from Applicant)	
4	Day 15	Trustie of the Residency Trust	(Ams & Talls Poro, laps	
	Signature		Signature	
	Rail M	Pingel: Trustre	JAMES E TILLED	
	Printed Na	me	Printed Name	
	2/11/18		2-15-2018	
	Date		Date	
	Applicant a	and/or Property Owner must initial all statements below	w for this application to be considered complete.	
,	T m			
(h	1. I mall	I, the Applicant noted above, understand that the \$1	deposit will be retained by the City	
0	1-02	of Medina in its entirety until the application or proje	ct is closed. I understand my responsibility in promptry	
	-		eposit WILL NOT be reduced by such regular billings.	
h	1. Thalle	I, the Applicant, understand that the City of Medina of	often relies heavily on consultants to provide review,	
V	FPD	preparation of materials, inspection, and project mana	agement services related to land-use applications and	
r	1010	projects and that I will be billed at the consultant's 10	00% reimbursable rate for these services provided on my	
0.	07 7	application/project.		
M	I, the Applicant, understand it is the City of Medina's policy to pay all fees associated with Medina staff			
D	700	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%				
_	_ 7	reimbursable rate for these services provided.		
3	of Knoolel	I, the Applicant and/or Fee Title Property Owner, have	e reviewed and understand the City Fee Schedule and	
γ	acknowledge my/our responsibility to pay for all fees applicable to processing and review of my application,			
1			view, general project management, and project close out.	
+	PR	I, the Fee Title Property Owner noted above (if differ	ent from or same as the Applicant noted herein)	
<i>J</i>		understand as the fee owner of the property that the C	City of Medina will assess any unpaid or delinquent fees	
		related to this application or project against my prope	rty.	

I, the Fee Title Property Owner noted above, request to have copies of all invoices mailed to my address.

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
Name: Rose M. Pingel Truster of the Residency (please print) Trust	(if different than applicant), Sty PHILIP W REISER (Y JAMES E Name: TILLER, PERSONAL PEPRESENTATIVE OF ESTATE(please print) HILIP OF REISER
Address: 23120 Wisen Roll	Address: PO Boy 66
City, State, Zip: 100000 MV 55340	City, State, Zip: 14MEL MV 55340
Phone: Work: 763-308-5807	Phone 763 231-3568 of 763559-6380 hm
Cell-Phone: 612-248-0917	Cell- Phone: MM
Email: (pingel Systemen Com	Email: More
Signature: Kall My Trustee	Signature: Amb & Talles Pos, Reps
Date: 2 11 18	Date: Feb 15 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.