

APPLICATION FOR ADMINISTRATIVE PERMIT

City of Green Isle
310 McGrann Street P.O. Box 275
Green Isle MN 55338

PHONE: 507.326.3901

FAX: 507.326.3192

Fee \$ _____
Paid _____
Receipt # _____
Date _____

NAME: _____

PHONE: _____

ADDRESS: _____

I/We, the undersigned, hereby make the following application to the Zoning Official of the City of Green Isle, Minnesota.
Applicant's have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

1. Application is hereby made for: (Applicant must list any/all requests)

2. Legal description of land affected by the application, including acreage or square footage of land involved and street address, if any: _____

3. Present zoning of above described property: _____

4. Name, address and phone number of present owner of above described land: _____

5. Persons, firms, corporations, etc. other than applicant and present owner who may or will be interested in above described land or proposed improvements within one year of permit issuance:

6. Permit is requested to allow (describe request): _____

7. Attach additional material submission requirements as indicated.

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature _____

Date _____

Owner Signature _____

Date _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL

Date Submitted _____ Date Complete _____

Zoning Administrator Action (Circle One): Approval Denial Date of Action _____

Date Applicant/Property Owner notified of Zoning Administrator Action: _____

Filed in Address File:

APPLICATION FOR CONDITIONAL USE PERMIT

City of Green Isle
310 McGrann Street P.O. Box 275
Green Isle MN 55338

PHONE: 507.326.3901

FAX: 507.326.3192

Fee \$	_____
Paid	_____
Receipt #	_____
Date	_____

I/We, the undersigned, as owners of the property described hereby appeal to the City Council of Green Isle, to grant a Conditional Use Permit. Applicants have the responsibility of checking all applicable ordinances and complying with all ordinance requirements.

NAME: _____

PHONE: _____

ADDRESS: _____

1. Legal description of land affected by the application: _____

2. Present zoning of above described property: _____

3. Purpose of Conditional Use Permit: _____

4. Is the proposed use compatible with land use(s) of the area? Please Explain.

5. Will the proposed use depreciate the area in which it is proposed? Please Explain.

6. Can the proposed use be accommodated by existing City services (utility/facility capacity)? Please Explain.

7. Are local streets capable of handling traffic which is generated by the proposed use? Please Explain.

8. Attach a written statement describing in detail the proposed use.

9. Attach additional information required by City.

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature _____

Date _____

Owner Signature _____

Date _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL

Date Submitted _____ Date Complete _____ Date of Public Hearing _____ Publication Date _____

City Council Action (Circle One): Approval Denial Date of Action _____

Date Applicant/Property Owner notified of City Council Action: _____

Filed with County Recorder: _____

APPLICATION FOR REZONING OF PROPERTY

City of Green Isle
310 McGrann Street P.O. Box 275
Green Isle MN 55338

PHONE: 507.326.3901

FAX: 507.326.3192

Fee \$	_____
Paid	_____
Receipt #	_____
Date	_____

NAME: _____

PHONE: _____

ADDRESS: _____

I/We, the undersigned, hereby make the following application to the City Council of Green Isle, Minnesota.
Applicant's have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

- 1. Application is hereby made for rezoning certain properties from: _____ (zoning classification)**
To: _____ (zoning classification)
- 2. Legal description of land affected by the application, including acreage or square footage of land involved and street address, if any:** _____

- 3. Property Identification Number (you can find this on your tax statement):** _____

- 3. Name, address and phone number of present owner of above described land:** _____

- 4. Persons, firms, corporations, etc. other than applicant and present owner who may or will be interested in above described land or proposed improvements within one year of permit issuance:**

- 5. If necessary, attach additional materials as directed.**

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature _____

Date _____

Owner Signature _____

Date _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL

Date Submitted _____ Date Complete _____ Date of Public Hearing _____ Publication Date _____

City Council Action (Circle One): Approval Denial Date of Action _____

Date Applicant/Property Owner notified of City Council Action: _____

Date filed with Sibley County Recorder's Office: _____

APPLICATION FOR VARIANCE

City of Green Isle
310 McGrann Street P.O. Box 275
Green Isle MN 55338

PHONE: 507.326.3901

FAX: 507.326.3192

Fee \$ _____
Paid _____
Receipt # _____
Date _____

I/We, the undersigned, as owners of the property described hereby appeal to the City Council of Green Isle, Minnesota to grant a variance from the City Code. Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

NAME: _____

PHONE: _____

ADDRESS: _____

1. Legal description & PID of land affected by the application: _____

2. Present zoning of above described property: _____

3. The request(s) which we desire for our property are in conflict with the following section of the Green Isle Zoning Ordinance.

Section: _____ Section: _____ Section: _____

4. Proposed Non-Conformance(s): _____

5. What special conditions/circumstances exist which are particular to the subject site or building involved which do not apply to the land, structures or building(s) in the same zoning classification. Attach additional pages if needed.

6. Do special conditions and circumstances result from your own actions? Explain. If answer is 'yes', you may not qualify for a variance .

7. "Undue hardship" as used in connection with the granting of a variance means the property in question cannot be put to a reasonable use under conditions allowed by the official controls. Please explain why this request qualifies as an 'undue hardship'. Attach additional pages as needed.

8. State reasons the variance, if granted, will not alter the essential character of the locality.

9. State your reasons for believing that the action(s) you propose to take is/are in keeping with the spirit and intent of the zoning code.

10. Economic consideration alone shall not constitute an undue hardship under the terms of this code as referenced in state statutes; explain why this request is not solely based on economic hardship.

11. Will the granting of the variance result in a condition which impairs an adequate supply of light and air to adjacent properties, diminishes the established property values in the surrounding area or impairs the public health safety or welfare of the citizens of the city? _____ Yes _____ No

12. Could the goal be accomplished with a smaller variance? _____ Yes _____ No

If No, explain: _____

13. Attach to this application any other material submissions required by the City (e.g. maps, site plan, etc.).

The applicant hereby acknowledges the board of appeals and adjustments may not permit as a variance any use that is not permitted under the ordinance for property in the zone where the affected person's land is located. The board may permit as a variance the temporary use of a one family dwelling as a two family dwelling. The board may impose conditions in the granting of variances to insure compliance and to protect adjacent properties.

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature _____

Date _____

Owner Signature _____

Date _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL

Date Submitted _____ Date Complete _____

Date Property Owners within 350 feet notified: _____

Date Public Hearing Held _____

City Council Action (Circle One): Approval Denial Date of Action _____

Date Applicant/Property Owner notified of City Council Action: _____

Date filed with Sibley County Recorder's Office: _____

APPLICATION FOR ORDINANCE AMENDMENT

City of Green Isle
310 McGrann Street P.O. Box 275
Green Isle MN 55338

PHONE: 507.326.3901

FAX: 507.326.3192

Fee \$	_____
Paid	_____
Receipt #	_____
Date	_____

NAME: _____

PHONE: _____

ADDRESS: _____

I/We, the undersigned, hereby make the following application to the City Council of Green Isle, Minnesota.
Applicant's have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

1. Application is hereby made to amend the _____ Zoning Ordinance _____ Subdivision Ordinance.
Section: _____ Subd. _____ item: _____

2. Current text: _____

3. Proposed Text: _____

4. Reason for requesting the text amendment:
Explain: _____

5. If requested, attach additional materials.

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature _____

Date _____

Owner Signature _____

Date _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL			
Date Submitted _____	Date Complete _____	Date of Public Hearing _____	Publication Date _____
City Council Action (Circle One):	Approval	Denial	Date of Action _____
Date Applicant/Property Owner notified of City Council Action: _____			
Date Copies of Zoning or Subdivision Ordinances were updated : _____			