



ZONING ORDINANCE AMENDMENT APPLICATION

CASE NUMBER _____ DATE _____

FEE PAID _____

City of Edina Planning Department * www.cityofedina.com
4801 West Fiftieth Street * Edina, MN 55424 * (952) 826-0369 * fax (952) 826-0389

FEE: \$1000.00

APPLICANT:

NAME: _____ (Signature required on back page)

ADDRESS: _____ PHONE: _____

EMAIL: _____

Detailed Requirements: Unless waived by the Planning Department, you must complete all of the following items with this application. An incomplete application will not be accepted.

- ___ Application fee (not refundable). Make check payable to "City of Edina."
- ___ A written statement describing why the City should amend the zoning ordinance.

ZONING ORDINANCE AMENDMENT APPLICATION INFORMATION:

The City of Edina Planning Department encourages healthy development within the city of Edina. Although this document is meant to serve as a guide for the application process for development through the Planning Department it is by no means comprehensive. The Planning Staff recommend that you schedule a meeting to answer any questions or to discuss issues that may accompany your project. It is much easier to tackle problems early on in the process. The office number for the Planning Staff is (952) 826-0465.

Application: Applications are submitted to the Planning Department. Offices are open Monday through Friday, 8 AM to 4:30 PM.

Meetings and Public Hearings: Applications are first considered by the Planning Commission at their regular monthly meeting (Wednesday prior to the first Tuesday of each month.) The Commission holds a public hearing and adopts a recommendation which is forwarded to the City Council for consideration.

Staff Report: Staff prepares a report and recommendation and sends it along with the application materials to the Commission in advance of the meeting. All plans, emails and written

information are public information, which may be used in the staff report and distributed to the public.

Legal Fee: It is the policy of the City to charge applicants for the actual cost billed by our attorneys for all legal work associated with the application. An itemized bill will be provided which is due and payable within thirty (30) days.

APPLICANT’S STATEMENT

This application should be processed in my name, and I am the party whom the City should contact about this application. By signing this application, I certify that all fees, charges, utility bills, taxes, special assessments and other debts or obligations due to the City by me or for this property have been paid. I further certify that I am in compliance with all ordinance requirements and conditions regarding other City approvals that have been granted to me for any matter.

I have completed all of the applicable filing requirements and, to the best of my knowledge, the documents and information I have submitted are true and correct.

Applicant's Signature

Date