



# REZONE APPLICATION

Planning Department | City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660

## PROPERTY INFORMATION

Site Address:

Legal Description:

Property Identification Number(s):

Existing Zoning Classification:

Proposed Zoning Classification:

Land Use Designation:

Site Acreage:

Current Use of Property:

Are there any possible wetlands within the boundary or near the proposed subdivision?

Yes  No

Have the wetlands been delineated?

Yes  No

Are there existing easements on the property?

Yes  No

Does the property contain any special flood hazard areas?

Yes  No

Description and Purpose of Rezoning Request:

## PROPERTY FEE OWNER INFORMATION

Property Fee Owner Name(s):

Mailing Address:

City:

State:

Zip:

Email:

Phone:

## APPLICANT INFORMATION

Applicant:

Mailing Address:

City:

State:

Zip:

Contact Person:

Office Phone:

Cell Phone:

Email:

**ENGINEER INFORMATION**

Company Name:		
Mailing Address:		
City:	State:	Zip:
Contact:	Office Phone:	
Cell Phone:	Email:	

**SURVEYOR INFORMATION**

Company Name:		
Mailing Address:		
City:	State:	Zip:
Contact Person:	Office Phone:	
Cell Phone:	Email:	

**ACKNOWLEDGEMENT OF RESPONSIBILITY**

By signing below, I certify that I am responsible for complying with all City Code requirements and the laws of the State of Minnesota with regard to this request. I certify the information I have supplied is true and correct to the best of my knowledge and my application submittal is complete. I further understand that additional information may be required for analysis of this request and I agree that any additional costs incurred by the City will be my responsibility.

<b>Applicant Signature(s):</b>	<b>Date:</b>
<b>Fee Owner Signature(s):</b>	<b>Date:</b>

NOTES	FEES
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	<b>Application Fee:</b>	<b>\$750.00</b>
	<b>Escrow Deposit*:</b>	
	<b>Total Amount Due:</b>	

\*A Review Escrow Deposit Agreement may be required to reimburse costs the City for additional costs incurred by the City during the review process. The agreement must be executed and submitted for your application to be considered complete.

**FOR CITY USE ONLY**

PROJECT NUMBER:	
DATE APPLICATION & FEE RECEIVED:	
60-DAY REVIEW DEADLINE:	
PLANNING COMMISSION MEETING DATE:	
CITY COUNCIL MEETING DATE:	
COUNCIL RESOLUTION NUMBER:	