



ZONING TEXT AMENDMENT APPLICATION

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

APPLICANT		
Applicant:		
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	
TEXT AMENDMENT REQUEST		
Section of Zoning Ordinance for which amendment is requested:		
Describe reason for request:		
<p>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.</p>		
Applicant Signature(s):		Date:
*An 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.	Application Fee:	\$650.00
	Escrow Deposit*:	\$
	Total Amount Due:	\$
FOR CITY USE ONLY		
PROJECT NUMBER:		
DATE APPLICATION & FEE RECEIVED:		
60-DAY REVIEW DEADLINE:		
PLANNING COMMISSION ACTION & DATE:		
CITY COUNCIL ACTION & DATE:		